



**COALITION
FOR
HUMAN
SERVICES**

MEMBERSHIP APPLICATION/RENEWAL

FISCAL YEAR 2011

JULY 1, 2010 – JUNE 30, 2011

Type of Membership (check one):

_____ Organizational @\$35: This membership provides the member organization with three designated members as voting members for the annual meeting.

_____ Individual @ \$15: This membership category is for private citizens who are not staff of a public or private human service agency. They are entitled to one vote at the annual meeting.

Name: _____

Agency (Organizational Membership only): _____

Address: _____

Contact Info:

Phone: _____ E-Mail: _____ Fax: _____

Indicate willingness to participate in one of the following committees:

Program _____ Transportation _____ Community Needs _____
Awards _____ Membership _____ Communications _____

Please mail this form and your check, payable to Coalition For Human Services, to:

Coalition For Human Services
c/o Paul Moessner, Treasurer
12368 Grantley Court
Woodbridge, VA 22192