

: Hour Exchange

ORGANIZATION MEMBERSHIP APPLICATION

Organization Name
Primary Contact Person
Organization Address

Primary Contact Phone
Primary Contact E-Mail

Names of any other Organization Contact Persons:

_____ **Title**
_____ **Title**

Please tell us a bit about your organization's mission, as well as the duties/needs/interests of your employees/volunteers. Feel free to use the back of this page if you need more room.

Please list up to five services your organization would most like to receive from Hour Exchange. You may choose from the list on our available services webpage, or refer to the printed Member Directory.

- 1.
- 2.
- 3.
- 4.
- 5.

Please list up to five services your organization would most like to provide to Hour Exchange.

- 1.

- 2.
- 3.
- 4.
- 5.

Please read and confirm agreement by checking off the statements below:

I certify that the information given on this form is accurate to the best of my knowledge.

I consent to the release of all relevant information concerning my organization.

I understand that Hour Exchange may include my organizational website link on the Hour Exchange website with the understanding that our organization may include Hour Exchange's website in return.

I understand that Hour Exchange will occasionally request that fundraising information be included in your communications.

I understand that, as an Hour Exchange member, we offer services to each other and our Partner Organizations. Members provide services to the best of their ability and do not guarantee their work.

I understand that the quality of our partnership requires Hour Exchange administration. I am aware that an agreed upon annual cash donation will augments our fundraising efforts, and is deeply appreciated.

Signature _____ Date

Thank You!
Please return to: