



APPLICATION FOR MEMBERSHIP

Please type or print:

Name of organization: _____

Mailing address: _____

City _____ State _____ Zip code: _____

Purpose of the organization: _____

Type of organization:

1. _____ Neighborhood Association

2. _____ Business Group

3. _____ Institutional

a. _____ Religious

b. _____ Educational

4. _____ Other (specify) _____

What issues are of interest to you? _____

Does the applicant organization have regular meetings? _____ Yes _____ No

How Often _____ When _____

Where _____

Does the applicant organization serve a specific geographic area? _____ Yes _____ No

If "Yes", specify _____



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Please list the names, addresses and telephone numbers of your organization's officers. (If Church, see below)

	Name	Address	Zip	Phone
President/Chairperson	_____			
Vice President	_____			
Secretary	_____			
Treasurer	_____			

Churches: please complete the following instead of the above:

	Name	Address	Zip	Phone
Pastor	_____			
Trustee or Council Chairperson	_____			

Does your group publish a newsletter or bulletin _____ Yes _____ No

How can HARBEL serve you? _____

Please attach a copy of your By-Laws to this application.

Applicant _____

Signature

Title

Date