



# Alliance for Human Services

## 2018 MEMBERSHIP APPLICATION

Organization: \_\_\_\_\_

Primary Member: \_\_\_\_\_

*Last* *First*

Address: \_\_\_\_\_

*Street Address* *Unit/Suite #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Office Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Associate Memberships  
(please add a page for more members)**

Name: \_\_\_\_\_  
*Last* *First*

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last* *First*

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last* *First*

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please make checks out to:**

**Alliance for Human Services  
c/o Turnstone, Mike Mushett  
3320 North Clinton Street  
Fort Wayne, IN 46805**