



Alliance for Human Services

2019 MEMBERSHIP APPLICATION

Organization: _____

Primary Member: _____

Last

First

Address: _____

Street Address

Unit/Suite #

City

State

ZIP Code

Office Phone: () _____ Cell Phone: () _____

E-mail: _____

**Associate Memberships
(other employees who will be invited to special events, trainings, etc.)**

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