Houston County Family Connection Collaborative

Operating Policies and Procedures

Membership Form

Formal Name of Organization, Agency, or Individual Member:

_____

Mailing Address:

_____

Physical Address:

_____

Telephone: _____

Website: _____

Contact Person for Organization: _____

Contact Person email: _____

Primary member for voting: _____

Primary member email: _____

Other members eligible to vote in absence of primary member:

_____ _____

Member Email

_____ _____

Member Email

Collaborative Sub Committees

Grant **Membership** **Special Events** **Resource** **Fundraising**

Strategies *(choose one)*

Health

Youth

Type of Organization:

Health Church RAFB Youth City/County Shelter

LAW Enforcement Education Mental Health Provider Other: