

**Interagency Council of Norristown
Membership Form
September 2020 – August 2021**

Please check one type of membership: _____ \$85 Non-profit organization with a budget under \$1 million
_____ \$135 Non-profit organization with a budget \$1 million and over
_____ \$135 Government/public (state, county, local) department
_____ \$135 Public School District
_____ \$135 Private for-profit enterprise
_____ \$65 Individual (not serving as organization representative)

AGENCY INFORMATION (Please print or type all information):

Agency Name: _____

Address: _____

Street

Town

State

Zip code

Phone number: _____ Fax number: _____

Agency email: _____ Web site: _____

CONTACT INFORMATION:

Key Contact: _____

How many direct service staff does your agency have? _____

The Key contact person is the main agency contact person for ICN who is responsible for distributing ICN information to the other agency members for all planned events or meetings.

Key contact email _____

2nd email _____

Person filling out this form: _____ Phone: _____

If needed, this form can be duplicated and submitted as an invoice to your agency for payment. Please return membership form and payment before September 1, 2020 to ICN, P.O. Box 697, Norristown, PA 19404. Thank you.

For inclusion in the Connections Membership guidebook please complete the following information.

Please provide a short one paragraph description of services:

The Interagency Council of Norristown reserves the right to edit all information to comply with the format of the guidebook. Submission of this form does not guarantee inclusion in the ICN's resource guidebook.