

**Interagency Council of Norristown
Membership Form
September 2022 – August 2023**

Please check one type of membership: ___ \$105 Non-profit organization with a budget under \$1 million
___ \$165 Non-profit organization with a budget \$1 million and over
___ \$165 Government/public (state, county, local) department
___ \$165 Public School District
___ \$165 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 by **September 1, 2022 to ICN, P.O. Box 697, Norristown, PA 19404**. Thank you.

Since all members are included in the **ICN Connections Guide**, new members are asked to complete the Description of Services section below. Existing members are asked to provide any updates.

Please provide a short one paragraph description of services:
