

## Membership Application

January 1, 2015- December 31, 2015

Organization (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

I would like additional information. Please call me.

I want to support Healthy Communities Partnership with my single Individual membership fee of \$10.00. (Please enclose \$10 with your application)

I want to support Healthy Communities Partnership with our agency membership (up to 2 persons) fee of \$25.00 (Please enclose \$25 with your application). List additional member below:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Our organization/business wants to support Healthy Communities Partnership with our membership fee of \$50.00. (multiple members from one organization/business)  
(Please enclose \$50 with your application form) List additional members below:

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

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

(Additional names -- include on separate sheet or on the back of application.)

Please return your completed Membership Application with your check payable to:

Healthy Communities Partnership of Greater Franklin Co., Inc.  
232 Lincoln Way East, Suite B; Chambersburg, PA 17201

As a Partner you/your organization will be listed on and/or Linked to the HCP Web Site

[www.hcpfranklinpa.org](http://www.hcpfranklinpa.org).

Please check if you would like to be listed and provide a brief disclosure for the page.

\_\_\_\_\_  
\_\_\_\_\_

Check if you also wish to be linked to the site. Please provide your URL.

Please list any person/organization you think might be interested in becoming a Partner with HCP.

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