

Fayette County Human Service Council, Inc. P.O. Box 1112, Uniontown, PA 15401

2009 AGENCY/BUSINESS MEMBERSHIP

Dear Member,

Another new year is upon us and we're requesting your membership dues so we can continue our work in 2009. Dues are our most important source of funds. Please complete the information below and return this with your membership payment at our next meeting or to the address above.

PLEASE COMPLETE AND RETURN THIS FORM ONLY IF YOU ARE AN AGENCY/BUSINESS REQUESTING MEMBERSHIP. AN AGENCY/BUSINESS MEMBERSHIP ENTITLES YOU TO FIVE NAMED VOTING MEMBERS. PLEASE LIST BELOW.

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| AGENCY NAME | |
| ADDRESS | |
| #1. VOTING MEMBER NAME, POSITION, ADDRESS, PHONE, FAX, EMAIL AND COMMITTEE CHOICE | |
| #2. VOTING MEMBER NAME, POSITION, ADDRESS, PHONE, FAX, EMAIL AND COMMITTEE CHOICE | |
| #3. VOTING MEMBER NAME, POSITION, ADDRESS, PHONE, FAX, EMAIL AND COMMITTEE CHOICE | |
| #4. VOTING MEMBER NAME, POSITION, ADDRESS, PHONE, FAX, EMAIL AND COMMITTEE CHOICE | |
| #5. VOTING MEMBER NAME, POSITION, ADDRESS, PHONE, FAX, EMAIL AND COMMITTEE CHOICE | |

Please visit the HSC website www.fayettehumanservicecouncil.org for committee descriptions

Supplemental Information

1. Use email for all communication Use regular mail for all communication
2. Check if you want to be removed from our mailing list.

Agency/Business Membership \$100.00 (entitles your agency/business to 5 named voting members)

Amount enclosed \$ _____ Check # _____ Cash 2008 dues paid previously

Please make checks payable to:

Fayette County Human Services Council, PO Box 1112, Uniontown, PA 15401

We hope you will join FCHS in 2009. We need and appreciate your support!