## The Human Services Alliance of Greater Prince William – New Member Registration Form

Contact Person	Title	
Address		
	Email	
Website Primary Social Media Platform(s)		
Please provide your organization's mission statem	ent or a brief statement of interest in becoming an Alliance	
	ent of a brief statement of interest in becoming an Amarice	
	t (check all that apply):	
Type of Organization or Individual Areas of Interest	t (check all that apply):	
Type of Organization or Individual Areas of Interest Aging Issues and Seniors	t (check all that apply): Food/Nutrition/Agriculture	
Type of Organization or Individual Areas of Interest Aging Issues and Seniors Civil Rights/Social Action/Advocacy	t (check all that apply): Food/Nutrition/Agriculture General Health/Rehabilitation	
Type of Organization or Individual Areas of Interest Aging Issues and Seniors Civil Rights/Social Action/Advocacy Civic Organization	t (check all that apply): Food/Nutrition/Agriculture General Health/Rehabilitation Government	
Type of Organization or Individual Areas of Interest Aging Issues and Seniors Civil Rights/Social Action/Advocacy Civic Organization Community Improvement & Capacity Building	t (check all that apply): Food/Nutrition/Agriculture General Health/Rehabilitation Government Housing/Shelter	
Type of Organization or Individual Areas of Interest Aging Issues and Seniors Civil Rights/Social Action/Advocacy Civic Organization Community Improvement & Capacity Building Disability Issues	t (check all that apply): Food/Nutrition/Agriculture General Health/Rehabilitation Government Housing/Shelter Justice/ Social Justice	
Type of Organization or Individual Areas of Interest Aging Issues and Seniors Civil Rights/Social Action/Advocacy Civic Organization Community Improvement & Capacity Building Disability Issues Education/Instruction Related	t (check all that apply): 	
Type of Organization or Individual Areas of Interest Aging Issues and Seniors Civil Rights/Social Action/Advocacy Civic Organization Community Improvement & Capacity Building Disability Issues Education/Instruction Related Employment/Job Assistance	t (check all that apply): 	

	Geographic area served <sup>®</sup>	
Complete This		
Section If Joining	Is the organization incorporated as a tax-exempt Virginia nonprofit?*	Yes No Pending
The Alliance As	(Not Required for Membership)	
An Organization:		
	Federal Employer Identification Number (EIN)*	Year Founded*

## Annual Membership Dues for Organizations:

- \$100 for one year
- \$500 for five years

- Annual Membership Dues for Individuals/Families:
  - \$50 for one year
  - \$250 for five years

## Submit this completed form and dues payment to:

The Human Services Alliance of Greater Prince William, 9073 Center St, Manassas, VA 20110

Or you can complete this form and pay your member dues online at www.alliancegpw.org/join