



# Another Way Texas Shares

## Preliminary Membership Application

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Street Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Executive Director \_\_\_\_\_

Office Hours \_\_\_\_\_

Additional Facilities, if applicable:

<u>Street Addresses</u>	<u>Office Hours</u>	<u>Local Phone</u>
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_____	_____	_____
_____	_____	_____

*(continue on back or attach additional pages, if necessary)*

This Organization Provides Services:

Locally (specify local area) \_\_\_\_\_

OR

Statewide / Regionally / Nationally (circle one)

List Texas cities or counties where you do work \_\_\_\_\_

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

Year Founded \_\_\_\_\_

Attachments: see enclosed Membership Process Checklist