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# **SC-CHAP Membership Application**

There is an annual Membership Fee of $25.00 and is required for all voting members.

Top of Form

Date:

Name of Agency:

Name of Representative:

Email Address:

Phone Number:

Agency Director Name:

List the services your agency provides:

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Are you a 501 (c) 3 organization? Yes [ ]  No [ ]

If yes, please list your 501 (c) 3 number:

Name of Agency Board Chairperson:

List Funding Sources for Agency:

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Has your agency provided information for the Saginaw County 211 database? Yes [ ]  No [ ] Bottom of Form