



Membership Form

Date: _____/_____/_____

Organization Name: _____

Organization Address: _____

Does your organization have a website? *Please mark one.* **YES** **NO**

If so, please provide your website URL: _____

Type of organization. *Please check one*

Religious Institution ___ Business ___ Nonprofit ___ Government Entity ___

Member Representative *The Member Representative is your organization's primary liaison with the Alliance and will be invited to all Alliance meetings*

Name: _____

Title: _____

Phone: _____

Email: _____

Job Board Representative *The Job Board Representative receives all email communication regarding job postings and applications, and is encouraged to post open jobs at your on the job board*

Name: _____

Title: _____

Phone: _____

Email: _____

Purchasing Agent Representative: *The Purchasing Agent Representative will provide the Alliance with information regarding procurements, if applicable*

Name: _____

Title: _____

Phone: _____

Email: _____

I would like to serve on the following committee(s): *Please check all that apply*

___ Buy East Harlem

___ Serve East Harlem

___ Hire East Harlem

___ Promote East Harlem

Please designate up to three individuals who are authorized to vote on behalf of your organization at Alliance meetings. Include their names and email addresses.

1. _____

2. _____

3. _____