



East Harlem Community Alliance

**Committee Membership Form (FOR MEMBERS ONLY)**

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

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

**Type of organization:** *Please check one*

Religious Institution \_\_\_ Business \_\_\_ Nonprofit \_\_\_ Government Entity \_\_\_

**Member Representative:** *The Member representing your organization on the Alliance committee.*

**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 EMAIL TO: EHCA@UNIONSETTLEMENT.ORG**