



## Agency Membership Application

Corporate Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Site Locations: \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Name of Executive/Representative \_\_\_\_\_

Title of Executive/Representative \_\_\_\_\_

Number of Years Agency has been in Operation \_\_\_\_\_

Describe the Agency Mission and scope of services to children: \_\_\_\_\_

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

Describe the area of Services: \_\_\_\_\_

Describe the Age of population: \_\_\_\_\_

Is the Agency or Services to Children:      Licensed \_\_\_\_\_  
   Certified \_\_\_\_\_  
   Accredited \_\_\_\_\_  
   Nationally Affiliated \_\_\_\_\_

Does the Program /Agency comply with all state and local laws and regulations including but not limited to all zoning, fire, health, medical, social services and education laws and regulations?      **Yes**      **No**

Current total agency budget \_\_\_\_\_

By signing below, I attest to the accuracy of all statements contained herein and agree to the mission, principles, and values of New Hampshire Partners in Service. I further agree to abide by the bylaws and Code of Ethics of the New Hampshire Partners in Service.

Information compiled by: \_\_\_\_\_  
(Printed Name) / (Signature)  
\_\_\_\_\_  
(Title) / (Date)

Annual Agency Membership Dues are based on operating budget in NH.

- \$300 for agencies with less than a \$500,000 operating budget in NH
- \$600. for agencies with more than a \$500,000 operating budget in NH
- \$750. for agencies with more than a \$1,000,000 operating budget in NH

Payments should be addressed to: NH Partners in Service