

North Urban Human Services Alliance

NUHSA

Membership Application

Agency/Local Government

Organization/Local Government Name \_\_\_\_\_

Authorized Decision Maker Name \_\_\_\_\_

Member Name \_\_\_\_\_

Address \_\_\_\_\_

email \_\_\_\_\_

Phone \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Make checks out to: **City of Lake Forest Park**—our fiscal agent.

Mail checks to: NUHSA, PO Box 60215, Shoreline, WA 98160

Individual Membership

Member Name \_\_\_\_\_

Address \_\_\_\_\_

email \_\_\_\_\_

Phone \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Make check out to: **City of Lake Forest Park**—our fiscal agent.

Mail checks to: NUHSA, PO Box 60215, Shoreline, WA 9816

**Please contact me, I am interested in:**

- Being on the NUHSA Board**
- Being on a NUHSA committee**
- Offering in kind support**

**Membership dues are tax deductible to the extent allowed by law.**