

InterAgency Council of Glen Cove, Ltd.

Membership Application 2002 - 2003

Please Print

| | |
|---|-------|
| Application Date | _____ |
| Agency Name | _____ |
| Address | _____ |
| | _____ |
| Primary Contact Name | _____ |
| Primary Contact Title | _____ |
| Secondary Contact Name | _____ |
| Secondary Contact Title | _____ |
| Agency Telephone | _____ |
| Agency Fax | _____ |
| Agency Email Address | _____ |
| Agency Website | _____ |
| Services Provided (The more information you provide the easier it will be for visitors to our website to find you through our search engine when looking for local services.) | _____ |
| | _____ |
| | _____ |
| Population Served | _____ |
| Ages Served | _____ |
| Fees | _____ |

- ☐ Please add me to the IAC Public Email list for periodic email communications regarding inter-agency issues, meeting minutes, and events.

Email address to add: _____

- ☐ My annual membership fee of \$25.00 is enclosed (check or money order only).

For Office Use Only:

| | |
|-----------|-------|
| Committee | _____ |
|-----------|-------|

| | | | |
|----------------|-------|-------------|----------|
| Date Dues Paid | _____ | Amount Paid | \$ _____ |
|----------------|-------|-------------|----------|

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Fax 516-759-5259