

Membership Application

The application deadline is October 1st of each year.

 IRS Employer Number

 UIA Employer Number

 Full Legal Name of Agency or Organization

 Year Incorporated

 Address

 City

 State

 Zip Code

 Contact Person

 Title

 Telephone/Fax Numbers

 Contact Person's E-mail Address

 Agency's Web Site Address

Please provide the following information:

1. List your agency's mission and/or describe its function.

2. Does your agency have any plans to expand, downsize, merge, reorganize, etc. that would impact the number of individuals employed? If yes, describe below.

3. Total number of employees: _____
 a. Number of full-time positions: _____
 b. Number of part-time positions: _____
 c. Number of seasonal positions: _____

4. Does your agency have a Head Start program or a regularly occurring lay-off?

() Yes, number of employees effected _____
 () No

5. List all sources of income and the percent of your budget received from each.

6. Indicate below how you heard about or were referred to The 501 Alliance. If you were referred by a current member, provide the name of the organization.

