

**Greater Mission Bend Area Council
Community Organization Membership Form**

Legal Name of Community Organization: _____

Mailing Address: _____

Type of Community Organization: _____ **Physical Address:** _____

Local Operations Manager: _____ **Phone No.** _____

There is a \$25 Annual Administrative Fee for Community Organizations

<u>COUNCIL REPRESENTATIVE CONTACT INFORMATION</u>			
Name	Position	Phone No.	Email Address

Owner/Legal Representative (Signature)

(Please Print Name)

(Date)