



# Interagency Council of Monroe County

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## Member Application Data Sheet

To apply for membership in IAC, please complete this form and return with a \$10.00 check for annual membership dues payable to "Interagency Council of Monroe County." You will be notified by a member of the executive committee after your application has been acted upon.

Membership period: 7/1/2010 – 6/30/2011      Agency type:  Non-Profit     For-Profit  
Purpose:  Initial application     Renewal     Revision(s)    Date: \_\_\_\_\_

Agency name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Title 1: \_\_\_\_\_  
Telephone 1: \_\_\_\_\_ Fax 1: \_\_\_\_\_  
email 1: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Title 2: \_\_\_\_\_  
Telephone 2: \_\_\_\_\_ Fax 2: \_\_\_\_\_  
email 2: \_\_\_\_\_

Web URL: http:// \_\_\_\_\_

Services:

Eligibility for services: \_\_\_\_\_

How referred: \_\_\_\_\_

Service fees: \_\_\_\_\_

Service days/hours: \_\_\_\_\_

Service area: \_\_\_\_\_

Please check interest areas:

Meeting presenter     IAC Officer     Committee chair     Committee member

Other (Please elaborate): \_\_\_\_\_