

2016 BREVARD KIDCARE COALITION
MEMBERSHIP AGREEMENT

Organization _____

Primary Contact _____ **Title** _____

Address 1 _____ **Address 2** _____

City _____ **State** _____ **Zip** _____

Phone _____ **Alternate Phone** _____ **Cell Phone** _____

Fax _____ **Email** _____ **Website** _____

Alternate Contact 1 _____ **Title** _____

Address1 _____ **Address 2** _____

City _____ **State** _____ **Zip** _____

Phone _____ **Alternate Phone** _____ **Cell Phone** _____

Fax _____ **Email** _____

Alternate Contact 2/ _____ **Title** _____

Address1 _____ **Address 2** _____

City _____ **State** _____ **Zip** _____

Phone _____ **Alternate Phone** _____ **Cell Phone** _____

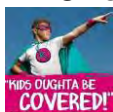
Fax _____ **Email** _____

Please check appropriate organization category below:

- | | |
|---|--|
| <input type="radio"/> State/Local Government Agency(<i>including school system, public housing agencies, and law enforcement</i>) | <input type="radio"/> Individual Advocate |
| <input type="radio"/> Non-Profit Organization | <input type="radio"/> Faith-Based Organization |
| <input type="radio"/> Business | <input type="radio"/> Advocacy Group |
| | <input type="radio"/> _____ |

I would like to participate with the following BKC tasks (Check all that applies):

- | | |
|--|--|
| <input type="radio"/> Application Site | <input type="radio"/> Planning/Policy |
| <input type="radio"/> Certified Assister | <input type="radio"/> Referral Site |
| <input type="radio"/> Outreach Volunteer | <input type="radio"/> Targeted Populations |



Please return to Keith Heinly via fax at 321-631-2007 or email at kheinly@uwbrevard.org.

