



Membership Application

Corporate Name _____

Mailing Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Name of Executive/Representative: _____

Title of Executive/Representative: _____

Number of Years Agency has been in Operation: _____

Describe the Agency Mission and scope of services to children:

Describe the area of Services:

Describe the population served: _____

Is the Agency or Services to Children:	Licensed	_____
	Certified	_____
(describe)	Accredited	_____
(describe)	Nationally Affiliated	_____

Please indicate if your Agency complies with all state and local laws and regulations including but not limited to all zoning, fire, health, medical, social services and education laws and regulations? Yes____ No ____

Current total agency budget in NH: _____

Additional Site Locations: (Please describe type and location)

By signing below, I attest to the accuracy of all statements contained herein and agree to the mission, principles, and values on New Hampshire Partners in Service. I further agree to abide by the bylaws and Code of Ethics of the New Hampshire Partners in Service.

Information compiled by: Name: _____
Title: _____
Signature: _____

Annual agency membership dues are based on your agency operating budget for any and all New Hampshire business.

NH Operating Budget	NHPS Dues Amount
Under \$500,000	\$300
\$500,000 - \$1,000,000	\$600
Over \$1,000,000	\$750

Please complete the application and return it by email or mail to:

NH Partners in Service
C/O Pine Haven
PO Box 162 Allenstown, NH 03275
(603) 436-2216
PartnersNH@gmail.com