



FLAIRS MEMBERSHIP APPLICATION

Membership Type and Fees (based on a calendar year)

Check One: _____ Organization (agency) \$100
_____ Associate (individual) \$50

Organization (Agency) Member: _____

Organization Program Name: _____

Associate Member (Leave Blank If Organizational Member): _____

Agency CEO Name: _____ Title: _____

FLAIRS Contact Person: _____ Title: _____

Contact Person E-Mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Admin Phone: _____ Fax: _____

Program Phone: _____

Agency Website Address: _____

Type of Hotline Programs Your Organization Provides (Check All That Apply)

- | | |
|--|---|
| <input type="checkbox"/> 2-1-1 | <input type="checkbox"/> Military Family Service Center I & R |
| <input type="checkbox"/> Comprehensive I & R | <input type="checkbox"/> Domestic/Sexual Violence Hotline |
| <input type="checkbox"/> Crisis Hotline | <input type="checkbox"/> Library Information Helpline |
| <input type="checkbox"/> Elder Helpline | <input type="checkbox"/> Disability Helpline |
| <input type="checkbox"/> Child Care Resource and Referral | |
| <input type="checkbox"/> Other Specialized I & R (Service Type: _____) | |

Make Checks Payable to FLAIRS. Please send application and dues to:

FLAIRS Membership
c/o Shirley Perdue
2831 Joseph Circle
Oviedo, FL 32765
shirlperdue@bellsouth.net
Phone: (407) 359-2698 Fax: (407) 359-0789