

# Vashon Island Time Exchange

## Organizational Membership Application

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Main Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Main Email \_\_\_\_\_

Organizational Contact Person's Name \_\_\_\_\_

Contact Person's Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person's Email \_\_\_\_\_

What does your organization currently offer to those you serve (e.g., your mission; who you serve/work with; types of activities you engage in)?

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What types of free/unpaid services or work does your organization currently receive from members or volunteers?

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What are other services or work that your organization would like to receive?

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I agree to the Code of Ethics and the Liability Agreement as outlined in the Vashon Island Time Exchange Handbook.

I am authorized to sign for this organization.