

Application for Networking

Contact Information

Organization Name	
Contact Name	
Street Address	
City ST ZIP Code	
Cell Phone	
Work Phone	
Fax	
E-Mail Address	
Web Site Address	

Services Provided

What type of services does your organization provide?

About your organization

Tell us briefly about what your organization is about and what kind of organization it is.

Example : 501 C3, Faith based organization

Staff Positions

Titles & Responsibilities

Names

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Organizational Successes

Organizational Needs

Optional Funding Source	Budget
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Individuals % _____	* Salaries % _____
Grants % _____	* Operational Expenses % _____
Endowments % _____	* Services Provided % _____
Other % _____	* Other % _____
Total _____	* Total _____

Who's on your board of directors

President _____	_____
Vise President _____	_____
Treasurer _____	_____
Secretary _____	_____
_____	_____

References

1. _____
2. _____
3. _____

Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if our organization and or individuals are accepted, any false statements, omissions, or other misrepresentations made by our organization and or individuals on this application may result in your immediate removal from the web page.
Name (printed)
Signature
Date

Fax to: (831) 754-1574
 Mail to: The Good News Herald
 PO Box 7711
 Spreckels, CA 93962

Thank you for your application