



MEMBERSHIP APPLICATION/UPDATE

TO: Membership Council or **Email To: membercouncil@caringplacetx.org**
The Caring Place
PO Box 1215
Georgetown, TX 78627-1215

Name of Organization: _____

Leader: _____ **Title:** _____

Mailing Address: _____

Phone: _____ **E mail address:** _____

We are a religious, benevolent, civic, or business organization operating in Williamson County.

As a Supporting Organization of The Caring Place, we agree to:

- **Encourage our members to provide regular support of goods, services and financial support plus serving as volunteers.**
- **Publicize the purpose and programs of The Caring Place**
- **Provide Representative(s) to attend quarterly Membership Council meetings.**

The following individuals have been selected as our Representatives to attend the quarterly meetings and keep us informed regarding the work of The Caring Place.

Representative:

Name: _____

Address: _____ **City/Zip:** _____

Phone: _____ **E-mail Address:** _____

Alternate Representative

Name: _____

Address: _____ **City/Zip:** _____

Phone: _____ **E-mail Address:** _____

Additional contact for communications from The Caring Place:

Name: _____ **Phone:** _____ **E-mail:** _____

Signed:* _____ **Title:** _____ **Date:** _____

*** By the recognized authority within the Member Organization**

Mission: To provide for the basic human needs of all people in our community in a welcoming, respectful and caring way.
P. O. Box 1215 | Georgetown, TX | 78627-1215 / Phone 512-943-0700
www.caringplacetx.org