

ORGANIZATIONAL MEMBERSHIP FORM

P.E.G. Access of Fergus Falls, Inc.

Organization Name _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ - _____

Evening Phone _____ - _____

E-mail _____

Main Contact Name _____

Agreement:

I have read and agree to follow the policies as outlined in the *P.E.G. Access of Fergus Falls, Inc. Policy Guide*. I understand that violation of these policies may result in termination of access center privileges.

Signature _____ Date ____/____/____

For Staff Use Only

Membership Number _____

Payment Received

Staff Member _____

Individual Membership

- | | |
|-----------------|-----------------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ (\$10) |
| 7) _____ (\$10) | 8) _____ (\$10) |

*Please continue on back if needed.
2009 P.E.G. Access, Inc.*

