

# Application for Membership



Date \_\_\_\_\_

Name of Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Member Representative \_\_\_\_\_

<p>Agency Type/ License _____</p> <p>(Please attach copy of license)</p> <p>Agency Sponsored by (Church, Civic Organization) _____</p> <p>_____</p> <p>Date Agency was established _____ Is Agency a 501(c)3 agency? _____</p> <p>Purpose of the Agency _____</p> <p>_____</p>
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Please submit application and payment to

OkCARE  
700 E. 4th Street, Sand Springs, OK 74063

Make Checks Payable to OkCARE

Full Member Dues \$500 per Year