



FULTON COUNTY FAMILY PARTNERSHIP

22438 Great Cove Road, McConnellsburg, PA 17233
717-485-6767 • Fax 717-485-4505 • www.fcfpinc.org

2020 Membership Form

Organization: _____

Contact: _____ Job Title: _____

Address: _____

City, State, Zip: _____

Area Code and Phone: _____ E-mail: _____

Web Site address: _____

Select membership type

Membership Type	Donation amount
<input type="checkbox"/> Parent / Consumer/Community Rep (Individual)	Free
<input type="checkbox"/> Partner Membership (Organization) Includes lunch for 1 rep.	\$100.00
<input type="checkbox"/> Additional Lunch Ticket (cost for lunches for one representative for one year)	\$50.00
Total Amount Included for membership	\$ _____

I would like to be involved in the following committee (s):

- | | |
|---|--|
| <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> PA Youth Survey Risk/Resource Committee |
| <input type="checkbox"/> Youth Action Committee | <input type="checkbox"/> CHNA Priorities Committee |
| <input type="checkbox"/> Community Collaborative Committee
(planning Partner meetings) | <input type="checkbox"/> Communications Committee |
| | <input type="checkbox"/> Housing Committee |

Resources you can commit to the Partnership: (i.e. programs, trainings, meeting sponsorship)

Needs you would like to see addressed by the Partnership:

Comments: _____

Please return this form with a check made payable to: **Fulton County Family Partnership, Inc.**
If your organization is unable to cover the costs of membership please contact us.