| WORLD VISION Houston membership PRE- Application |
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| Applicant Information |
| Name of Organization: |
| Serving since: | Director: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Email: | Web Site | Incorporated *Yes No* |
| GENERAL Information |
| Programs you offer to the community: |
|  |
| Number of People you Serve per Week: |
| Number of Paid Staff: |
| Number of Volunteers: |
| FINANCES |
| Yearly Budget: |
| Main Source of Income: |
| Is your organization related to a church: |
| If yes, name of the church |
| COMMUNITY PARTNERS |
| Who are your community partners? |
|  |
| RELATIONSHIP WITH WORLD VISION |
| What kind of product do you need for your programs? |
| Have you had a relationship with World Vision before the Hurricane? |
| PLEASE ANSWER: Why should world vision select your organization to become a member? |
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|  |
| name of applicants |
| Name of Organization: | Director: |
| Applicant: | Position: |
| Signatures |
| I authorize World Vision the verification of the information provided on this form. I also verify that I have the authorization to fill out this pre-application and I understand that filling this application does not mean I am selected to become a member. |
| Name of applicant: | Position: |
| Signature of applicant: | Date: |

Email form to pnwprograms@worldvision.org or fax to 253.922.7320