| WORLD VISION Houston membership PRE- Application | | | |
| --- | --- | --- | --- |
| 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? | | | |
|  | | | |
|  | | | |
|  | | | |
| 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](mailto:pnwprograms@worldvision.org) or fax to 253.922.7320