



## Health & Welfare Council Membership Form

Name/Organization or Employer:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Chief Executive (if organization): \_\_\_\_\_

Designated Voting Member (if organization): \_\_\_\_\_

I give permission for my name or organization name to appear on the Blair County Health & Welfare Council website: [www.blairhealthandwelfare.org](http://www.blairhealthandwelfare.org).

**Organization Membership - \$30.00:** An employee of any agency, organization, and/or business may join as a representative of their organization. All other employees may join as individual members.

**Individual Membership - \$20.00:** General public or employee of any agency, organization, and/or business where another employee is designated as an organization member.

### Make checks payable to: Blair County Health & Welfare Council

#### Send to:

United Way of Blair County  
208 Hollidaysburg Plaza,  
Duncansville, PA 16635  
c/o United Way - (814) 317-5108  
**blaircountyhealthandwelfare@hotmail.com**

#### For Office Use Year \_\_\_\_\_

Type of Membership    O    I  
Membership Fee Paid \_\_\_\_\_  
Check No. \_\_\_\_\_  
Deposit Date \_\_\_\_\_  
Initials \_\_\_\_\_