



Interagency Council of Norristown

Membership Form

September 2026 – August 2027

- Please check one type of membership: \$105 Non-profit organization with a budget under \$1 million
 \$165 Non-profit organization with a budget \$1 million and over
 \$165 Government/public (state, county, local) department
 \$165 Public School District
 \$165 Private for-profit enterprise
 \$ 65 Individual (not serving as organization representative)

AGENCY INFORMATION (Please print or type all information):

Please include a copy of your logo to be included in the Connections Directory.

Agency Name: _____

Address: _____

Street

Town

State

Zip code

Phone number: _____ Fax number: _____

Agency email: _____ Web site: _____

CONTACT INFORMATION:

Key Contact: _____ How many direct service staff does your agency have? _____

The Key contact person is the main agency contact person for ICN who is responsible for distributing ICN information to the other agency members for all planned events or meetings.

Key contact email _____

2nd email _____

Person filling out this form: _____ Phone: _____

If needed, **this form may be duplicated and submitted as an invoice** to your agency for payment. Please return this application and payment **before August 31, 2026, to ICN, P.O. Box 697, Norristown, PA 19404.** Thank you.

Since all members are included in the **ICN Connections Guide**, new members are asked to complete the Description of Services section below. Existing members are asked to provide any updates.

Please provide a short one paragraph description of services:

The Interagency Council of Norristown reserves the right to edit all information to comply with the format of the guidebook. Submission of this form does not guarantee inclusion in ICN's resource guidebook.