



**NETWORK**  
of Jewish Human  
Service Agencies

## **APPLICATION FOR MEMBERSHIP**

### **Part I: Contact Information**

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Main Phone \_\_\_\_\_

Website \_\_\_\_\_

Executive Director or Chief Executive Officer \_\_\_\_\_  
(Please indicate name and exact title)

Email \_\_\_\_\_

Contact (if other than Executive Director) \_\_\_\_\_  
(Please indicate name and exact title)

Email \_\_\_\_\_

Direct Phone Line of Executive Director or Contact \_\_\_\_\_

### **Part II: Organizational Information**

Operating Revenue \_\_\_\_\_  
(for the most recent fiscal year)

Personnel Budget \_\_\_\_\_  
(for the most recent fiscal year)

### **Part III: Application Enclosures**

Please submit the following materials as part of your application:

1. Most recent annual report
2. Most recent audited financial statement
3. Brochure or report describing services provided by your agency
4. Mission Statement
5. List of Board of Directors
6. Name, address, and phone number of President of Board of Directors

### **Please submit application and supplemental materials for review to:**

Karen Rosen, Director of Membership Services  
Network of Jewish Human Service Agencies

[krosen@networkjhsa.org](mailto:krosen@networkjhsa.org)

201-977-2614