



MEMBERSHIP REGISTRATION 2004

Agency Name: _____

Agency Address: _____

Agency Staff Representatives (to participate in the Coalition including meetings and committees):

<u>Name</u>	<u>Telephone No.</u>	<u>Email address</u>	<u>Committee Preference</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the space below, please list your agency's services for our directory (50 word max):

Membership dues are \$50 per calendar year per licensed child placing agency. Checks should be made payable to "Alabama Adoption Coalition." Please mail this form along with membership dues to:

Laura Dinwiddie, Coalition Treasurer
POB 745
Huntsville, AL 35804

THANK YOU FOR YOUR SUPPORT