

# HSNSV Membership Application



Date:

**Please  
Choose**

Initial  
Application  
Renewal  
Application

**Type of Membership:**  
(Refer to the Policies &  
Procedures for definition  
of membership  
Classifications)

Agency

Individual

Name of Agency or Individual

Address:

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Section for **Individual** Memberships ONLY

Individual Member's E-Mail Address

Individual Member's Preferred Contact  
Number(s):

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Section for Agency Memberships ONLY

Name of Designated **Representative**:

**REP** E-mail address:

**Representative's** Preferred Contact Number(s):

Name of Designated **Alternate** Representative:

**ALT** E-mail address:

**Alternate's** Preferred Contact Number(s):

**For Agency members, briefly describe the services your agency provides.**