

Membership Application

Director/Designee _____

Agency _____

Address _____

City/Zip _____

Phone _____ Fax _____

Email _____

Division _____

Membership contribution formula:

Agency total fiscal year budget X .0005
with a \$5 minimum / \$300 maximum
yearly contribution.

Please return this form along with your
contribution to:

HSAC
P.O. Box 1542
Decatur, IL 62525-1542

**Thank you for contributing
to a positive community!**

(If additional space is needed, please enclose a
separate sheet of paper.)