

**Collin County Social Services Association
Membership Application**

Please Print

Name of Organization _____ Date _____

Work Address _____

Work Phone _____ FAX _____

Type of Membership _____ Individual \$15 _____ Organization \$35.

List all individuals in your organization that wish to receive monthly meeting notification.

First and Last Name

E-mail address

(Attach an additional sheet if needed)

Type of Organization _____

Services

Provided _____

Eligibility

Requirements _____

How do we refer customers/clients to
you? _____

Other comments, including suggestions for CCSSA

Return Application and Dues to:

CCSSA

PO BOX 1546

Allen, TX 75013-0026

(Or in person at the next monthly meeting)