

# Vernon Community Network Membership Application Form

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

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Representative Information:

Per the VCN By-laws each member agency may appoint two agency representatives with only one representative having voting rights.

## Representative Names:

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

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## Purpose

The Vernon Community Network is a collaboration of providers that will identify and coordinate Social Service, Health, Educational and Economic Development resources for the enhancement of the community.