



MEMBERSHIP UPDATE & AGREEMENT



Faith Center Information

Faith Center Name _____

Website (Optional) _____ Faith Tradition _____

Organization Information

Faith Leader _____ Title _____

Referral Information

1. Primary Contact _____

Email _____

Phone _____

2. Secondary Contact (Optional) _____

Email _____

Phone _____

Agreement and Signature

Our Faith Community agrees to support Interfaith Community Services in the following way(s):

Check all that apply

Monetary Donations

In-kind Donations

Volunteer Support

Agreement for Interfaith to Refer Clients to Your Resources and Congregations

Please check the box and sign below if you agree for Interfaith Community Services to link and refer clients to your community-based organizations including faith-based congregations, cultural organizations, and peer-directed programs. This also acknowledges that clergy and lay representatives may refer community members to the services and programs provided by Interfaith Community Services.

Representative Signature _____ Date _____

Members and their representatives may, upon request, receive a copy of the Interfaith Community Services Bylaws or may review the Bylaws at Interfaith's headquarters at 550 W. Washington Ave., Escondido, CA 92025.