HSFO
Agency Membership Application
Annual Dues for Program Year - December 1 to November 30
Agency: $ 800.00
HSFO Tax ID: #58-1583134

Instructions: 1) Print form, complete application, and mail, or
2) Type-in required information on screen, print completed form, and mail.

Agency Name:

Agency Address:

City: **State:** **Zip Code:**

Agency Contact Person:

E-mail Address:

Area Code: **Telephone:** **Fax:**

Type of Program Administered:

☐ **Public Assistance**

☐ **Medicaid**

☐ **Social Services**

☐ **Other**

Method of Payment:

☐ **Please send bill to address above.**

☐ **Check, Money Order, or other purchase document enclosed.**

Mail to: HSFO Treasurer
2020 Pennsylvania Avenue N.W.
Suite 947
Washington, DC 20006