



Hall County Community Collaborative (H3C) Membership Application

Type of Application: Agency/Organization/Business Individual

Membership fee*: \$100 for an Agency/Organization/Business
\$25 for an individual

Agency/Organization/Business Name: _____

Person Completing Application: _____

Contact Information:

Primary Contact Person: _____

Mailing Address: _____

City, Zip Code: _____

Physical Address, if different from above: _____

Phone Number: _____

Email address of primary contact: _____

Website, if applicable: _____

I am interested in receiving information on the following subcommittees:

- 11 to 24 Behavioral Health Birth to 11 Central Navigation

Please invoice my agency/organization/business:

By signing this form, I am agreeing to receiving notifications via email of upcoming membership activities and meetings. Our agency information will also be included on the H3C website.

Authorized Signature: _____ Date: _____

*If the membership fee is a hardship for you or your agency, please submit a request in writing for a one-year waiver to the Board of Directors for consideration.

H3C Board of Directors
PO Box 5131
Grand Island, NE 68802-5131

Forms and check can be mailed to the address above. If you wish to submit the application electronically and be invoiced or mail the check later, you can email h3cdirector@gmail.com. For questions you can email the address above, or call (308) 390-9038.