



COAL Membership Application-Organization

Contact Information

Organization Name: _____

Mailing Address: _____

Site Address (if different from above): _____

Hours of Operation: _____

Contact Person: _____ Title: _____

Phone Number: _____ Email Address: _____

Background Information

Year Organization was established: _____ 501(c)3 status: _____ Yes _____ No

What is the mission of the organization? *(Please attach or fill in below):*

Please describe the goals of the organization:

Population served:

Please describe how the organization can assist COAL in executing its mission:

Please describe how COAL can assist your organization in executing its mission:

Please list the board of directors below and attach a brief bio for each if available:

I understand the mission and goals of COAL and also understand that membership is granted to individuals or organizations who support COAL's mission.

Signature: _____ Date: _____

Title: _____

I certify that all information submitted is true and honestly presented.

Signature: _____ Date: _____

Title: _____