





Contact Information				
First Name	Last Name			
Address				
City		Zip		
Home Phone				
E-Mail Address				
Are you an individual/family or a ı				
Non-Profit Organization Information Fill out if non-profit				
Non-Profit Name				
Non- Profit Mailing Address				
City	State	_ Zip		
Main Contact First Name Title		me		
Phone				
Organization Phone				
Organization Email Address				
Organization Website				
Twitter Name				
Non-profit Mission:				
Story Behind Organization				

Individual/ Family I	nformation	Fill out if not a non-profit
Main Contact First Na	ame	Last Name
Phone	Email_	
Your family's story beh	ind interest in joining Fa	milies United
Additional Informat Areas of Expertise: Plea	tion ase Check all that Apply	
Advocacy/Public Policy Marketing/PR Development/Fundrais		
Grassroots Organizing Education		
Other	Please list	
Reason for interest in F	Families United	
Signature		Date
Please send completed	application to:	
via Mail	Mail Abbey's Hope Charitable Foundation/ FUPD Charter Member	
	Attn: Alan Korn or Sam Carolus	
	5021 Vernon Avenue Suite 164, Edina, MN 55436	
via E-mail	sam@abbeyshope.org or alankorn@msn.com	