



Membership Invoice

Human Services Council c/o Citrine Health
2940 W Marine View Dr
Everett, WA 98201
Phone: 425-259-9899
Email: hsc@citrinehealth.org

| | |
|-------------------------|--|
| Agency/Name: | |
| Mailing Address | |
| City, State, Zip | |
| Phone Number: | |
| E-mail address: | |
| Website: | |

Instructions: Please mark the appropriate membership for your agency. Remit fee accordingly.

| QUANTITY | DESCRIPTION | UNIT PRICE | AMOUNT |
|--|---|-----------------|--------|
| | MEMBERSHIP FEE One year membership from date of registration. | | |
| _____ | ORGANIZATION/AGENCY | \$ 50.00 | _____ |
| _____ | INDIVIDUAL | \$ 50.00 | _____ |
| Make check payable to: Citrine Health | | TOTAL | |

Since we use an email communication system, please submit names and e-mail addresses of agency members who want to be on our e-mail list and are not already receiving our announcements.

1. _____
2. _____
3. _____
4. _____