



**NORTHEAST REGION  
MEMBERSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Organization's Mission:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number – Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Send your completed application to: Debbie Helms, Samaritans of Merrimack Valley, c/o Family Service, Inc., 430 North Canal Street, Lawrence, MA 01840, email to [dhelms@familyserviceinc.com](mailto:dhelms@familyserviceinc.com), or fax it to 978-327-6601.**

