Global Organization Registration Form

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| Organization Name | |
| Physical Address | |
| Mailing Address | |
| Phone  Hotline | Fax |
| Is your organization a member of a larger parent organization? Y N  If yes, please provide additional information | |
| Date organization was established? | Is your agency a for profit or a nonprofit?  For Profit Y N Nonprofit Y N |
| Telephone Number to be Listed | Email Address to be Listed |
| Telephone Number for us to Contact You | Email Address for us to Contact You |
| Point of Contact Name & Title | |
| World Wide Web Address to be Listed | |
| Global Area in Which Your Agency Services (County, State, Province, Nation, Country) | |
| Population in Which Your Agency Primarily Services (children, adolescents, adults, elders) | |
| Funding Cycle  Calendar Fiscal Other Explain: | |
| Summarize Agency’s Mission, Vision, Services Provided, Areas of Interest, Etc. | |