PANHANDLE HISTORIC PRESERVATION ALLIANCE (PHPA)

ORGANIZATION APPLICATION

ORGANIZATION NAME:_____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

WEBSITE: _____

TYPE OF ORGANIZATION/OCCUPATION (CIRCLE ALL THAT APPLY)

MUSEUM HISTORICAL SITE HISTORICAL SOCIETY RESEARCH

SCHOOL (K-12) COLLEGE/UNIVERSITY OTHER (PLEASE SPECIFY) _____

FOR PROFIT NON-PROFIT

AREAS OF INTEREST (PLEASE CIRCLE ALL THAT APPLY, PLEASE FILL OUT SPECIALTY/TIMELINE FOR EACH AREA)

ARCHAEOLOGY _____ HISTORY _____

GENEALOGY_____ ANTHROPOLOGY _____

ORAL HISTORY _____ OTHER _____

REPRESENTATIVE NAME: _____ TITLE: _____

SIGNATURE:_____DATE:_____

PHONE: _____ EMAIL: _____

AREA OF EXPERTISE (PLEASE CIRCLE ALL THAT APPLY)

GRANT WRITING MARKETING FUNDRAISING BOARD OF DIRECTORS

ADMINISTRATION ACCOUNTING GRAPHIC DESIGN PHOTOGRAPHY

DOCENTS/INTERPRETER TRAINING PUBLIC PROGRAMS SCHOOL PROGRAMS

NON-PROFIT LEGALITIES EMPLOYEES/STAFFING WEB DESIGN SPECIAL EVENTS/FESTIVALS

RESEARCH FUNDRAISING ADVERTISING/PROMOTIONS

CAN WE DISTRIBUTE YOUR NAME TO OTHER PHPA MEMBERS IN SEARCH OF YOUR SKILLS? YES _____ NO _____

PLEASE SEND TO:
PHPA
C/O BAKER BLOCK MUSEUM
P.O. BOX 186
BAKER, FL 32531

DIRECT QUESTIONS TO:
DDMERKEL@COX.NET

08/17/08