

Membership Agreement United Way of Wilson County

This Membership Agreement is made and entered into this ____ day of _____, 20____,
by and between United Way of Wilson County, Inc., and
_____.

The above organizations agree to follow the policies described in the Community Impact
Allocations & Admissions Procedures Manual.

United Way of Wilson County, Inc Signatures

Executive Director _____

Community Impact Chair _____

Agency Signatures

Executive Director _____

Agency Board President _____