



Community Organization Membership Application

*Please fill out and return this form to KOOP Community Council, PO Box 2116, Austin, TX 78768-2116.
The form can also be emailed as well as sending any attachments or questions to communitycouncil@koop.org.*

Name of Community Organization: _____

Address: _____

City: _____ State and Zip Code: _____

Email: _____ Website: _____

Twitter: _____ Phone: _____

Date of incorporation: _____ Federal Tax ID Number: _____

Authorized voting representative (Name): _____

Authorized voting representative (Title): _____

Authorized voting email address (if different than above): _____

Please summarize the mission of your organization:

Submitted by (your name and title): _____ Date: _____