

**Pickaway County
Family and Children First Council
Membership Information**

Community Representative

Organization	Phone	Fax
Address _____		
Street	City	Zip
Email Address _____		
Brief Description of Services		

**Representative to Council
(May be Changed at Any Time)**

Name	Title/Position	

Phone and extension	Fax	Email

Signature of Agreement

_____	_____
Executive Director Signature	Date