



www.HourExchangePortland.org
516 Congress St.
Portland, ME 04101
(207) 874-9868

Membership Application

First name: _____	Last name: _____	Birth date: ____ / ____ / ____	
Mailing address: _____			
City: _____	State: _____	Zip: _____	
Member type (circle one):	Individual	Organization	Business
Workplace: _____			
Email: _____	Home phone: _____		
Website: _____	Cell phone: _____		

How did you hear about us? _____

What are three services you might like to provide ?	What are three services you might like to receive ?
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Please tell us a little bit about yourself: (Hobbies, interests, family, background, etc.)

Please select a username and password for your Hour Exchange account.		
Username: _____	Password: _____	
Please provide two personal references below, including phone number and email address.		
**No family or household members as references!		
**We CHECK all references to keep you and our members safe.		
1. Name: _____	Email address: _____	Phone: _____
2. Name: _____	Email address: _____	Phone: _____