



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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>For your Hour Exchange online account your Username is your Email address above. Please write what you would like your Password to be: _____</p> <p>Please provide two personal references below, including phone number and email address.</p> <p>1. Name: _____ Email address: _____ Phone: _____</p> <p>2. Name: _____ Email address: _____ Phone: _____</p>
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