



2024 MEMBER AGENCY APPLICATION

Agency Name: _____

Address: _____ **City, State, Zip:** _____

Executive Director: _____

Tel: _____ **Fax:** _____ **E-Mail:** _____

Primary Supervisor/Designated Contact Responsible for Case Managers/Client Referrals (MANDATORY):

Name: _____ **Title:** _____

Address (if different than above): _____

Tel: _____ **Fax:** _____ **Cell:** _____ **E-Mail:** _____

Primary Contact for Billing/Administrative Matters:

Name: _____ **Title:** _____

Address (if different than above): _____

Tel: _____ **Fax:** _____ **Cell:** _____ **E-Mail:** _____

Authorized Case Managers/Staff: IMPORTANT: We can only accept appointment requests from Agency Staff who are familiar of our policies/procedures and are authorized by your agency to make appointments. Please list those authorized (add a separate page if needed):

Name: _____ **E-Mail:** _____

Name: _____ **E-Mail:** _____

Name: _____ **E-Mail:** _____

Name: _____ **E-Mail:** _____

Member Agency Agreement: We have reviewed the 2024 Member Agency Guidelines and Client Referral Guidelines (dated 01/01/24) and wish to be an Agency Member for 2024. We agree to adhere to the Guidelines, and understand that Furniture Sharehouse's ability to fulfill referral requests is subject to inventory availability.

Authorized Signature: _____ **Printed Name:** _____

Title: _____ **Date:** _____

**Mail completed form and check for \$150 plus applicable Pre-Paid Referral Fees to:
Furniture Sharehouse, P. O. Box 702, Larchmont, NY 10538**