



**2025 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 2025 Member Agency Guidelines and Client Referral Guidelines (dated 01/25) and wish to be an Agency Member for 2025. 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**