



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.)

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