



Hour Exchange Portland

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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: _____