

ShareCare Bank

115 N. 25th Ave.

Hattiesburg, MS 39401

wstminsterpres@bellsouth.net. Or Christy.Harrison@usm.edu

Name of organization _____

Address _____

Phone _____ E-Mail _____

Contact person _____

Please tell us a bit about your organization or business. This is helpful information for us to have when we are coordinating good matches for exchanges. Feel free to use the back of this page if you need more room.

Please list the three services you would most like to provide to our members.

1. _____

2. _____

3. _____

Please list the three services you would most like to receive from our members:

1. _____

2. _____

3. _____

Please check off the statement below.

I understand that, as a Time Bank member, we offer neighborly services to each other. Members provide services to the best of their ability and do not guarantee their work.

Signature _____

Date _____