

PANHANDLE HISTORIC PRESERVATION ALLIANCE (PHPA)

ORGANIZATION APPLICATION

ORGANIZATION NAME: _____

REPRESENTATIVE NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

TELEPHONE: _____ CELL _____ EMAIL _____

WEBSITE: _____

SIGNATURE: _____ DATE: _____

TYPE OF ORGANIZATION/OCCUPATION (CIRCLE ALL THAT APPLY)

MUSEUM	HISTORICAL SITE	HISTORICAL SOCIETY	RESEARCH
SCHOOL (K-12)	COLLEGE/UNIVERSITY	RE ENACTORS	HISTORIAN
HISTORIC ARTISAN	OTHER (PLEASE SPECIFY) _____	FOR PROFIT	NON-PROFIT

AREAS OF INTEREST (PLEASE CIRCLE ALL THAT APPLY. PLEASE FILL OUT SPECIALTY/TIMELINE FOR EACH AREA)

ARCHAEOLOGY _____ HISTORY _____

GENEALOGY _____ ANTHROPOLOGY _____

ORAL HISTORY _____ OTHER _____

AREA OF EXPERTISE (PLEASE CIRCLE ALL THAT APPLY)

GRANT WRITING	MARKETING	FUNDRAISING	BOARD OF DIRECTORS
ADMINISTRATION	ACCOUNTING	GRAPHIC DESIGN	PHOTOGRAPHY
DOCENTS/INTERPRETER	TRAINING	PUBLIC PROGRAMS	SCHOOL PROGRAMS
NON-PROFIT LEGALITIES	EMPLOYEES/STAFFING	WEB DESIGN	SPECIAL EVENTS/FESTIVALS
RESEARCH	FUNDRAISING	ADVERTISING/PROMOTIONS	

CAN WE DISTRIBUTE YOUR NAME TO OTHER PHPA MEMBERS IN SEARCH OF YOUR SKILLS? YES _____ NO _____

PLEASE SEND TO:

PHPA
c/o Carol Visalpatara
308 Miracle Strip Parkway, Unit 2B
Fort Walton Beach, FL 32548

SEND EVENT INFORMATION TO:

Diane Merkel
DDMerkel@cox.net
850-897-4505 Home
850-585-5213 Cell