



CenterPoint Area Providers Council Membership Agreement

As a member of the **CenterPoint Area Providers Council (CAPC)** our agency has received and reviewed the Provider Council's *By-Laws* and *Code of Ethics*. Furthermore, we (the provider agency) agree in good faith to abide by the Code of Ethics.

Provider Agency: _____

Agency Representative: _____

Date: _____

Please return/mail this signed original agreement along with the *Provider Agency Information Sheet* to:

Jenna Lackard
Ivy House: Center for Self-Sufficiency
502 E. 15th Street
Winston-Salem, NC 27105-6161

Or contact Jenna with questions at:

Ivyhousecss@windstream.net

(336) 331-3440

Fax: (336) 331-3404

We look forward to working with you!

- Steering Committee

For internal use only:

- Provider Agency Information Sheet Received
- Provider added to Provider Email list
- Provider added to Provider Database