

GLBT HELPLINE OF RHODE ISLAND, INC.
Application for inclusion in the GLBT Resource Directory

Name of organization, agency, business, or service:

Address:

Principal contact person:

Telephone: _____

E-mail: _____

Web site: _____

How would you like the GLBT staff to make referrals to you?

- Have person phone us. Have person write us.
 Have person leave a name and phone number. GLBT staff will then call the principal contact person and relay the information to them.

Our membership/services are geared to...

- gay men lesbians bisexuals transvestites mixed
 transsexual/transgender primarily straight clientele

What is your relationship to the gay community?

- GLBT owned GLBT operated Sensitive to the GLBT community

In which category should we file your information?

- Bars Businesses/Services Legal Aid Medical Mental health
 Political Publications Social/recreational Religious Support

If you chose mental health, please indicate in which category you would like to be listed:

- female therapist openly lesbian therapist male therapist
 openly gay therapist group practice

In the space below, please write a brief history of your organization, business, agency, or service. Please be sure to include any and all information that you wish to have relayed to the caller. **Do not include information that you do not wish disclosed.**

How does a person become a member/client? What are the dues/fees? Are there any other conditions for participation? Explain.

Please read and sign the accompanying authorization and return both pages to:

**GLBT Helpline of RI
P.O. Box 41247
Providence, RI 02940**