

Application for Associate Membership



Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Website Address: _____

Executive Officer: _____

Title: _____

Designee if applicable: _____

E-Mail Address: _____

Please describe the primary mission of your organization:

Are you a 501 c 3? Yes No

Please indicate in which category/ies your organization should be listed on our website:

Health Care Services Adoption/Foster Care Child Care Programs for Youth

Behavioral/Mental Health Drug and Alcohol Senior Services Transportation

Early Childhood Education Housing Utility Assistance

Workforce Development Services to Victims of SA/DV DD/Autism Services

Other/s _____

Listed below are requirements for membership. Your signature on this application indicates that your organization agrees to meet them if selected for membership.

- ❖ The Chief Executive Officer is required to serve as the organization’s representative on Council.
- ❖ A Designee may be appointed provided such designee has authority to represent the organization and vote on matters of programs, policies and finances which may benefit Council.
- ❖ A written statement, which identifies the designee, shall be on file with the Council.

An annual membership fee is required of all associate members. The amount of the fee is determined by the Council’s Executive Board. Organizations with annual budgets exceeding \$1 million are assessed an annual membership fee of \$1,000. Organization’s with budgets less than \$1 million are assessed annual dues at the rate of \$300.

Briefly describe why your agency wants to be an Associate Member of Council. Also, please include information on how you feel your agency may contribute to the Mission of Council.

**Trumbull County Family & Children First Council
Mission Statement**

Trumbull County Family & Children First Council will ensure families and children have access to programs and services that improve their daily lives.

I/We agree with and accept the **MISSION** of Trumbull County Family & Children First Council.

Signature _____

Date: _____