



## Application for Associate Membership

Name of Organization: \_\_\_\_\_.

Address: \_\_\_\_\_.

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_.

E-Mail Address \_\_\_\_\_.

Executive Officer: \_\_\_\_\_ Title: \_\_\_\_\_.

Contact Person if different from above: \_\_\_\_\_.

Describe the primary functions of your organization: \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Category in which your organization is applying for membership: (check one)

Health Care Services

Labor

Business/Industry

Social/Community Services

At Large Representative

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

1. The Chief Executive Officer is required to serve as the organization's representative.
2. A Designee may be appointed if such designee has authority to commit the agency in matters of programs, policies and finances.
3. A written statement which identifies the designated representative shall be on file with the Council and must include a statement that the designated representative has full executive authority to represent and bind the public officials and organizations for programs, policies and financial matters which could be beneficial to the mission, purpose, guiding principles, policies and plans of Council before that designated representative can vote.
4. An annual membership fee is required of all associate members. The amount of the fee is determined by the Council's Executive Board, based on the budget of the member organization.

Signature \_\_\_\_\_

