



## 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 commit the organization in matters of programs, policies and finances.
- ❖ A written statement which identifies the Designee shall be on file with the Council and must include a statement that the Designee 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 Designee can vote.

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.

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

*Trumbull County Family and Children First Council shall promote and facilitate the highest level of collaboration to provide effective, accessible and efficient services for families.*

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

Signature \_\_\_\_\_

Date: \_\_\_\_\_