



Advocating  
for vulnerable  
children and  
families  
since 1969



## Affiliate member application

### TO BE COMPLETED BY APPLICANT

Complete, formal name of organization, including "Inc." if applicable:

\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing address (if different):

Street/PO box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Agency web address: \_\_\_\_\_

Chief executive:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Chief executive's email address: \_\_\_\_\_

Number of years in position: \_\_\_\_\_; with the organization: \_\_\_\_\_

If applicant is a membership organization, indicate type and number of dues-paying members (if both, fill in both):

- Dues-paying individual members: # \_\_\_\_\_
- Dues-paying organizational members: # \_\_\_\_\_

If applicable, identify the current Federation full and/or affiliate member(s) responsible for recruiting this organization for Federation membership:

\_\_\_\_\_

### Affiliate member applicant assessment and approval procedure

The following process will be used to review and assess applications for Federation affiliate membership.

1. Application and requested attachments are received.
2. Application is announced to members.
3. Executive committee reviews application and supportive materials and votes on application.
4. Applicant is notified of Executive Committee vote.

### When submitting your member application, please include the following:

- Current operating budget (*required*)
- Payment for first year's annual dues: (*required*)  
.0015 x organization's current-year budgeted expenditures of \$ \_\_\_\_\_ =  
Annual dues of \$ \_\_\_\_\_; minimum \$500; maximum \$1,000.
- Agency organizational chart (*optional*)
- Current list of board members (*optional*)
- Written statement of agency's purpose, goals and objectives (*optional*)
- Descriptive brochures about the organization (*optional*)

**Applicant's signature indicates applicant organization subscribes to the Federation's purposes as defined in the Federation's Articles of Incorporation, Bylaws, Membership Standards and Board Policies:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

### Submit complete application, attachments and first-year annual dues to:

Michigan Federation for Children and Families  
320 N. Washington Square, Suite 100  
Lansing MI 48933

**Questions? Call (517) 485-8552.**