



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.