

Membership Application for Organizations and Individuals



Name: _____ Title: _____

Organization (if applicable): _____

Address: _____ City: _____

State: _____ County: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Membership Dues Structure	Payment Information																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Membership Categories & Rates</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Annual Dues</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">Individual</td> </tr> <tr> <td>• Adult</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>• Student</td> <td style="text-align: right;">\$25</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">Organization's Annual Operating Budget</td> </tr> <tr> <td>• Up to \$100,000</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>• \$100,001 – \$500,000</td> <td style="text-align: right;">\$100</td> </tr> <tr> <td>• \$500,001 – \$1,000,000</td> <td style="text-align: right;">\$150</td> </tr> <tr> <td>• \$1,000,001 – \$3,000,000</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td>• \$3,000,001 + above</td> <td style="text-align: right;">\$300</td> </tr> </tbody> </table> <p><u>GLCYD's Partnership with Michigan Nonprofit Association</u> Through our partnership with Michigan Nonprofit Association, we offer special discounted rates to Upper Peninsula nonprofits. Nonprofits that are members of GLCYD qualify for a 50% discount in membership with Michigan Nonprofit Association.</p>	<u>Membership Categories & Rates</u>	<u>Annual Dues</u>	Individual		• Adult	\$50	• Student	\$25	 		Organization's Annual Operating Budget		• Up to \$100,000	\$50	• \$100,001 – \$500,000	\$100	• \$500,001 – \$1,000,000	\$150	• \$1,000,001 – \$3,000,000	\$200	• \$3,000,001 + above	\$300	<p>Please check the appropriate category for annual membership desired (<i>membership valid for 1 year from date of payment</i>) and indicate total amount enclosed:</p> <p>Individual</p> <p><input type="checkbox"/> Adult \$ _____</p> <p><input type="checkbox"/> Student \$ _____</p> <p>Organization Budget</p> <p><input type="checkbox"/> Up to \$100,000 \$ _____</p> <p><input type="checkbox"/> \$100,001-\$500,000 \$ _____</p> <p><input type="checkbox"/> \$500,001-\$1,000,000 \$ _____</p> <p><input type="checkbox"/> \$1,000,001-\$3,000,000 \$ _____</p> <p><input type="checkbox"/> \$3,000,001 + above \$ _____</p> <p>Total Payment Enclosed: \$ _____</p>
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If you have joined as an individual, please complete the following information (check all that apply):

Youth Adult Volunteer

Interest areas:

<input type="checkbox"/> service learning	<input type="checkbox"/> youth as resources	<input type="checkbox"/> youth asset building
<input type="checkbox"/> board training	<input type="checkbox"/> youth development data	<input type="checkbox"/> positive youth development
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	

If you have joined as an organization, please complete the following information:

Type of organization:
(check all that apply)

- School
- College or University
- Youth program
- Agency that provides services to youth and/or families
- Nonprofit that provides services to youth and/or families
- Community organization
- Community foundation
- Museum
- Other _____

We serve youth & adults of the following ages:
(check all that apply)

- Infant to 5 years
- Elementary school-aged children
- Middle school-aged youth
- High school-aged youth
- College-aged youth
- Young parents
- Parents of adolescents
- Senior citizens
- Other _____

Types of services/programs your organization provides:
(check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Health care | <input type="checkbox"/> Faith development |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Prevention | <input type="checkbox"/> Character/values |
| <input type="checkbox"/> Education | <input type="checkbox"/> Substance abuse treatment | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Leadership | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Parenting programs | <input type="checkbox"/> Volunteering/service | <input type="checkbox"/> After school care |
| <input type="checkbox"/> Arts/music | <input type="checkbox"/> Outdoor activities | <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Adoption | <input type="checkbox"/> Financial assistance |
| <input type="checkbox"/> Job training | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Interests in training & technical assistance:

(Check all that apply. We will be glad to follow up with you to talk about your current or future needs.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Positive youth development | <input type="checkbox"/> Continuous improvement | <input type="checkbox"/> Financial management |
| <input type="checkbox"/> Survey development | <input type="checkbox"/> Identifying funding sources | <input type="checkbox"/> Fund development |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Proposal writing | <input type="checkbox"/> Liability management |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Marketing programs & services | <input type="checkbox"/> Performance evaluation |
| <input type="checkbox"/> Youth program development | <input type="checkbox"/> Caring school climate | <input type="checkbox"/> Hiring & training staff |
| <input type="checkbox"/> Youth environment mapping | <input type="checkbox"/> 40 Developmental Assets | <input type="checkbox"/> Customer service |
| <input type="checkbox"/> Utilizing youth development data | <input type="checkbox"/> Service learning for youth | <input type="checkbox"/> Customer analysis |
| <input type="checkbox"/> Strength-based youth development | <input type="checkbox"/> Board development | <input type="checkbox"/> Parent involvement |
| <input type="checkbox"/> Building assets in youth | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Please mail completed application form and payment (by credit card or check payable to GLCYD) to:

Great Lakes Center for Youth Development, 1175 Erie Street, Marquette, MI 49855

Toll Free: 877-339-6884 Phone: 906-228-8919 #10 Fax: 906-228-7712 www.glcyd.org

Check # _____ Bill My Organization _____

Credit Card: Visa / Mastercard Account # _____ Expiration _____

Cardholder Signature: _____

Thank you. We will send you a receipt and membership letter.