

Membership Application for Schools



Name: _____ Title: _____

School District: _____

Address: _____ City: _____

State: _____ County: _____ Zip: _____

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

Membership Dues Structure

| <u>Membership Categories & Rates</u> | <u>Annual Dues</u> |
|--|-----------------------------|
| Individual | GLCYD Only |
| • Adult | \$50 |
| • Student | \$25 |
| School Districts | |
| • 1 to 500 students | \$100 (\$50 w/scholarship) |
| • Over 500 students | \$200 (\$100 w/scholarship) |
| Intermediate School Districts & Colleges | \$200 |

We are offering special school district rates and scholarships for local districts (\$200 with a \$100 scholarship for larger districts & \$100 with a \$50 scholarship for smaller school districts) in order to make membership very affordable. We know these are tough budget times and schools are struggling to contain and decrease costs.

Please pay the full amount of dues when you join/renew and GLCYD will refund local districts with a 50% scholarship.

Payment Information

Please check the appropriate category for annual membership desired (*membership valid for 1 year from date of payment*) and indicate total amount enclosed:

| | GLCYD Membership |
|--|-------------------------|
| School Districts | |
| __ School district (1 to 500 students) | \$ _____ |
| __ School district (over 500 students) | \$ _____ |
| __ Intermediate School District or College | \$ _____ |
| Individual | |
| __ Adult | \$ _____ |
| __ Student | \$ _____ |
| Total Payment Enclosed: | \$ _____ |

If you have joined as an individual, please complete the following information (check all that apply):

__ Youth __ Adult __ Volunteer

Interest areas:

__ service learning __ youth as resources __ youth asset building
 __ board training __ youth development data __ positive youth development
 __ other _____ __ other _____

If you have joined as a school or college, please complete the following information:

Type of organization:
(check all that apply)

School College or University Youth program
 Foundation 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 school organization provides:
(check all that apply)

Recreation Job training Outdoor activities
 Sports Health care Faith development
 Education Prevention Character/values
 Mentoring Substance abuse treatment Counseling
 Parenting programs Leadership Philanthropy
 Arts/music Volunteering/service After school care
 Theatre Other _____ 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.)

positive youth development continuous improvement financial management
 survey development identifying funding sources fund development
 evaluation youth program development proposal writing
 performance evaluation service learning for youth customer analysis
 strategic planning marketing programs & services board development
 utilizing youth development data 40 Developmental Assets parent involvement
 strength-based youth development building assets in youth caring school climate
 other _____ other _____

**Please mail completed application form and payment (by credit card or check payable to GLCYD) to:
Great Lakes Center for Youth Development, 307 South Front Street, Marquette, MI 49855**

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

Check # _____

Credit Card: Visa / Mastercard Account # _____ Expiration _____

Cardholder Signature: _____

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