

# Membership Application for Organizations and Individuals



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

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

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

Membership Dues Structure		Payment Information	
<u>Membership Categories</u>	<u>Annual Dues</u>	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:	
Individual		<b>Individual</b>	
• Adult	\$50	___ Adult	\$ _____
• Student	\$25	___ Student	\$ _____
Government Agency	\$200	<b>Organization Budget</b>	
Organization's Annual Operating Budget		___ Up to \$100,000	\$ _____
• Up to \$100,000	\$50	___ \$100,001-\$500,000	\$ _____
• \$100,001 – \$500,000	\$100	___ \$500,001-\$1,000,000	\$ _____
• \$500,001 – \$1,000,000	\$150	___ \$1,000,001-\$3,000,000	\$ _____
• \$1,000,001 – \$3,000,000	\$200	___ \$3,000,001 + above	\$ _____
• \$3,000,001 + above	\$300	<b>Total Payment Enclosed:</b>	\$ _____
<u>GLCYD's Partnership with Michigan Nonprofit Association</u> Through our partnership with Michigan Nonprofit Association, nonprofits that are members of GLCYD qualify for a 50% discount in membership with Michigan Nonprofit Association.			

**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 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.