

# Membership Application for Schools



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

School District: \_\_\_\_\_

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

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

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

## Membership Dues Structure

<u>Membership Categories</u>	<u>Annual Dues</u>
Individual	
• Adult	\$50
• Student	\$25
School Districts	
• 1 to 500 students	\$50 *
• Over 500 students	\$100 *
Intermediate School Districts & Colleges	\$200

\* We are offering special school rates in order to make membership very affordable. We know these are tough budget times and schools are struggling to contain and decrease costs.

## 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:

### 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)

- |   |  |  |
|---|--|--|
| <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"/> Theatre            |  |  |
| <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"/> performance evaluation |
| <input type="checkbox"/> strategic planning               | <input type="checkbox"/> marketing programs & services |   |
| <input type="checkbox"/> youth program development        | <input type="checkbox"/> customer analysis             |   |
| <input type="checkbox"/> utilizing youth development data | <input type="checkbox"/> 40 Developmental Assets       |   |
| <input type="checkbox"/> strength-based youth development | <input type="checkbox"/> board development             |   |
| <input type="checkbox"/> service learning for youth       | <input type="checkbox"/> parent involvement            |   |
| <input type="checkbox"/> caring school climate            | <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, 307 South Front Street, Marquette, MI 49855**

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

Check # \_\_\_\_\_

Credit Card: Visa / Mastercard Account # \_\_\_\_\_ Expiration \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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