

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 familie
- 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"/> Leadership development | <input type="checkbox"/> Presentation skills |
| <input type="checkbox"/> Succession planning | <input type="checkbox"/> Volunteer management and/or recruiting | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

**Please mail completed application form and payment (by credit card or check payable to Grow & Lead) to:
Grow & Lead: Community and Youth Development, 712 Chippewa Square, Suite 200, Marquette, MI 49855
Phone: 906-228-8919; www.glcyd.org**

Check # _____

Credit Card: Visa / Mastercard Account # _____ Expiration _____

Cardholder Signature: _____

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