



national foster care coalition

2009 membership application

Thank you for your interest in membership with the National Foster Care Coalition. Note that applications for NFCC membership are reviewed on a monthly basis; you will be notified in writing about the status of your membership request.

Organizational Information (please indicate type of membership for which you are applying)

National **Associate** **Family/Alumni** **Individual**

Primary Representative _____

Organization _____

Address _____

City, State, Zip _____, _____ _____

E-mail _____

Phone _____ Fax _____

Organization's website _____

Alternate representative _____

E-mail _____

Member Description

Organizational Mission

To acquaint NFCC Members with your organization, please provide a brief description of your organization. Who is your constituency?

Please return to:
Kathi M. Crowe, Executive Director, NFCC
605 North Carolina Avenue, SE, Unit #2, Washington, DC 20003
Questions? Contact Kathi at 202/280-2039 or via email at kcrowe@nationalfostercare.org.

If applicable, how does your organization incorporate consumer "voice?"

How is your organization involved in ongoing advocacy efforts on behalf of children, youth and families?

Does your organization offer specialized expertise in particular area of child welfare or human services? If so, please elaborate.

If you are attaching additional materials, please specify below:

- | | |
|--|---|
| <input type="checkbox"/> Organizational Brochure | <input type="checkbox"/> Information on Special Initiatives |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other_____ |

As an organizational representative of _____, I agree to support the mission, philosophy, and goals of the National Foster Care Coalition. Upon approval of this application for NFCC membership, my organization will remit payment of annual membership dues and understands that continued membership with NFCC is contingent upon timely payment of renewal dues for each calendar year.

Signature

Date

Please return to:
Kathi M. Crowe, Executive Director, NFCC
605 North Carolina Avenue, SE, Unit #2, Washington, DC 20003
Questions? Contact Kathi at 202/280-2039 or via email at kcrowe@nationalfostercare.org.



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2009 individual membership application

Thank you for your interest in membership with the National Foster Care Coalition. Note that applications for NFCC membership are reviewed on a monthly basis; you will be notified in writing about the status of your membership request.

Please indicate type of membership for which you are applying)

Family/Alumni

Individual

Name _____

Organization (if applicable) _____

Address _____

City, State, Zip _____, _____ _____

E-mail _____

Phone _____ Fax _____

Applicant Information

Please describe your interest in the National Foster Care Coalition.

How did you hear about NFCC?

Please return to:
Kathi M. Crowe, Executive Director, NFCC
605 North Carolina Avenue, SE, Unit #2, Washington, DC 20003
Questions? Contact Kathi at 202/280-2039 or via email at kcrowe@nationalfostercare.org.

Revised 5/21/09

How are you involved in ongoing efforts to improve the lives of children, youth and families, particularly those involved with the foster care system?

Do you offer specialized expertise in particular area of child welfare or human services? If so, please elaborate.

As an individual member of the National Foster Care Coalition, I agree to support the mission, philosophy, and goals of the National Foster Care Coalition. *I will not attempt to represent the interests or opinions of NFCC unless authorized to do so by the Coalition.* Upon approval of this application for NFCC membership, I will remit payment of annual membership dues (if applicable) and understand that continued membership with NFCC is contingent upon timely payment of renewal dues for each calendar year.

Signature

Date

Please return to:
Kathi M. Crowe, Executive Director, NFCC
605 North Carolina Avenue, SE, Unit #2, Washington, DC 20003
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2009 membership dues

The National Foster Care Coalition (NFCC) is a unique partnership of organizations and individuals, dedicated to building public and political will to improve the lives of children, youth, and young adults who are, or who have been, in foster care.

Membership Categories: (Check the box which applies to your level of participation.)

- **National Non-Profit Organization, Corporation, Federal Government or Foundation Member**
Full voting member; eligible to serve on board and/or committees, participate in all meetings, conferences and activities; receives all communications; other organizational representatives may participate in meetings.
- **Associate Member** -- Local, State, or Regional Non-Profit Organization, Corporation, or Foundation
Eligible to participate in all meetings, conferences and activities; receives all communications.
- **Family and Alumni Members** N/C
Family, youth and other individuals invited to join NFCC to represent vital consumer voices. Eligible to serve on board or committees, participate in all meetings, conferences and activities; receives all communications.
- **Individual Member** \$25
Professionals representing organizations not covered in other membership categories. Eligible to participate in all meetings, conferences and activities; receives all communications.

Dues Structure

(For National and Associate members, check the dues payment that applies to your organization.)

| Organizational Budget | NFCC Dues | |
|------------------------------|------------------|-------|
| 0 - \$3 million | \$250 | ----- |
| \$3 - 10 million | \$500 | ----- |
| \$10 million + | \$1,000 | ----- |

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