

## 2011 membership application

Thank you for your interest in membership with the National Foster Care Coalition. Please complete the following application and submit it to the attention of Kathi M. Crowe, NFCC Executive Director. 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			
E-mail			
Phone	Fax		
Organization's website			
Alternate representative			
E-mail			
Member Description			
Organizational Mission			
To acquaint NFCC Members Who is your constituency?	with your organizati	on, please provide a brief	description of your orga

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If applicable, how does your organization	incorporate consumer "voice?"
How is your organization involved in ongo	oing advocacy efforts on behalf of children, youth and families?
Does your organization offer specialized en please elaborate.	xpertise in particular area of child welfare or human services? If so,
If you are attaching additional materials	s, please specify below:
☐ Organizational Brochure	☐ Information on Special Initiatives
☐ Annual Report	Other
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membership, my organization will remit pay	, I agree to support the nal Foster Care Coalition. Upon approval of this application for NFCC rment of annual membership dues and understands that continued timely payment of renewal dues for each calendar year.
Signature	 Date



## 2012 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:
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(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.	
	<b>Associate Member</b> 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	s.

## **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

Please mail dues payment to:
National Foster Care Coalition
C/O American Humane Association
1400 16th Street, NW, Suite 360
Washington, DC 20036
Questions? Email nationalfostercare@gmail.com