

Pennsylvania Council of Children, Youth and Family Services

2040 Linglestown Road, Suite 109

Harrisburg, PA 17110

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Educational Institution Affiliate Membership 2010-2011 Application

The Educational Institution's Department herein named applies for Affiliate membership in the Pennsylvania Council of Children, Youth & Family Services for the 2010-2011 membership year.

Educational Institution _____

Department _____ **Name** _____

Contact Person _____

Title _____

Address _____

Telephone () _____ **Ext.** _____ **Fax** () _____

E-Mail Address _____ **Web Address** _____

_____ Total Number of Department Employees

_____ Approximate Number of Department Students

Dues for 2010-2011 Membership \$1,200.00 - prorated as applicable

Method of Payment (Please Check One) Single _____ 2 Installments _____

Authorized Signature _____ **Date** _____

Educational Institution Affiliate Members will respect the boundaries and policies established for use and dissemination of material, information and publications generated by PCCYFS as benefits of membership.

FOR COUNCIL USE ONLY 2010-2011 Dues _____ 2 Installments _____
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