

Pennsylvania Council of Children, Youth and Family Services

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Friends of the Council

2011-2012 Membership Application

The Friend of the Council herein named applies for membership in the Pennsylvania Council of Children, Youth & Family Services for the 2011-2012 membership year.

Friend's Name _____
(Designated recipient of membership benefits)

Address _____

Telephone () _____ **E-Mail** _____

Current Employer _____
(If applicable)

Position Title _____

Current or Previous affiliation with serving Children/Families and/or PCCYFS Yes _____ No _____

If yes, please explain briefly _____

Friends of the Council members are posted on the PCCYFS Website. In consideration of your privacy, we will only include information per your authorization. Please designate what information you wish have posted as follows:

Address Yes _____ No _____ **Phone Number** Yes _____ No _____

E-Mail Address Yes _____ No _____ **Previous Affiliation** Yes _____ No _____

Additional identifying Information of your choice, 50 words or less _____

Dues for 2011-2012 Membership: \$150:00 – prorated as applicable

Authorized Signature

Date

Friend of the Council 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

2011-2012 Dues _____