

Pennsylvania Council of Children, Youth and Family Services

2040 Linglestown Road, Suite 109 Harrisburg, PA 17110

Phone: 717-651-1725

Fax: 717-651-1729

hbgooffice@pccyfs.org

www.pccyfs.org

2011-2012 Membership Application

The agency (defined as the legal entity holding license to operate if applicable or as incorporated) herein named applies for membership in the Pennsylvania Council of Children, Youth & Family Services for the 2011-2012 membership year. Member agencies are expected to adhere to the Code of Ethics to protect the value of membership by not disseminating information generated by PCCYFS outside their agency.

Agency Name: _____

Address: _____

Phone: () _____ **Fax:** () _____

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

Executive Director/CEO Name: _____

Title: _____ **E-Mail:** _____

Individual to be identified on administrative (member directors) e-mail distribution list in addition to the Executive Director/CEO, to receive administrative mailings. Please include address if different from primary agency address listed above:

Name: _____ **Title:** _____

Address: _____

Phone: () _____ **Fax:** () _____ **E-Mail:** _____

Dues for 2011-2012 Membership Year

Total Annual Operating Expenditures for Children, Youth & Family Services based on most recently completed (FY 2009-2010 or 2010 calendar year) audit. *Please include a copy of your most recent audit.*

Total Annual Operating Expenditures: _____

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

Please note: As a responsibility of membership, each agency is expected to participate in one annual survey each year. (Alternating years - salary study/economic impact study). Participation by agency staff in the various PCCYFS workgroups and committees enhances the benefit of membership and is strongly encouraged.

Authorized Signature – This signature acknowledges that the Code of Ethics has been reviewed and obligates the agency for payment of dues up to date written termination of membership is received.

Title

Date

FOR COUNCIL USE ONLY 2011-2012 Dues _____ 2 Installments _____
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Please also complete the reverse page.

Additional agency administrators and staff approved to receive the Monday Morning Update and general mailings by e-mail:

CFO: _____ **E-mail:** _____

HR: _____ **E-mail:** _____

Name: _____ **Title:** _____

E-mail: _____

Name: _____ **Title:** _____

E-mail: _____

Name: _____ **Title:** _____

E-mail: _____

Name: _____ **Title:** _____

E-mail: _____

Name: _____ **Title:** _____

E-mail: _____

Name: _____ **Title:** _____

E-mail: _____

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