

Pennsylvania Council of Children, Youth and Family Services

2040 Linglestown Road, Suite 109, Harrisburg, PA 17110

2016-2017 Membership Application

(Please save completed form and e-mail saved copy as an attachment)

The agency (defined as the legal entity holding license to operate if applicable or as incorporated) named below applies for membership in the Pennsylvania Council of Children, Youth & Family Services.

Agency Name:

Address:

Phone: **Fax:**

E-Mail: **Web Address:**

ED/CEO Name:

Title: **E-Mail:**

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

Name: **Title:**

Address:

Phone: **Fax:** **E-Mail:**

Name: **Title:**

Address:

Phone: **Fax:** **E-Mail:**

Dues for 2016-2017 Membership Year

Total Annual Operating Expenditures for Children, Youth & Family Services based on most recently completed (FY 2014-2015 or 2015 calendar year) audit or an adjusted amount as indicated on the Method of Calculation.

Total Annual Operating Expenditures: *Please include copy of most recent audit*

Preferred method for invoicing for Payment (Check One)

Single: 2 Installments: Quarterly Installments:

Please note: As a responsibility of membership, each agency is expected to participate in surveys and request for demographic information to enable PCCYFS to most effectively represent the experiences of the private provider community. 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. 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:**

Please complete page 2.

Additional agency administrators and staff approved to receive the Monday Morning Update and general email distributions:

CFO: [Redacted] E-mail: [Redacted]

Phone: [Redacted]

HR: [Redacted] E-mail: [Redacted]

Phone: [Redacted]

Name: [Redacted] Title: [Redacted]

E-mail: [Redacted] Phone: [Redacted]

Name: [Redacted] Title: [Redacted]

E-mail: [Redacted] Phone: [Redacted]

Name: [Redacted] Title: [Redacted]

E-mail: [Redacted] Phone: [Redacted]

Name: [Redacted] Title: [Redacted]

E-mail: [Redacted] Phone: [Redacted]

Name: [Redacted] Title: [Redacted]

E-mail: [Redacted] Phone: [Redacted]

PLEASE NOTE: A significant part of PCCYFS membership benefits includes receiving publications, alerts and notices in a timely manner. In order to ensure receipt, please add hbgooffice@pccyfs.org, bernadette@pccyfs.org, bernadette@pccyfs.ccsend.com, and southeast@pccyfs.org to your e-mail safe senders list and adjust your e-mail spam filtering to allow receipt of PCCYFS e-mail content. Please notify PCCYFS as soon as a Monday Morning Update is not received so that we may trouble shoot the problem with your technology support person.

Technology Contact Person:

Name: [Redacted] Title: [Redacted]

E-mail: [Redacted] Phone: [Redacted]

Additional agency administrators and staff may be entered as desired.

E-mail: hbgooffice@pccyfs.org

Phone: 717-651-1725 Fax: 717-651-1729

www.pccyfs.org