

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

2016-2017 Vendor Membership Application

The Vendor Member (Business or Corporation) herein named applies for membership in the Pennsylvania Council of Children, Youth & Family Services for the 2016-2017 membership year.

Entity Name _____
(Business or Corporation)

Nature of Business or Service: _____

Entity Owner's Name _____

Title _____

Address _____

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

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

Total Number of Employees: _____

Do you wish to receive the Monday Morning Update and Weekly Digest? **Yes** ____ **No** ____

Dues for 2016-2017 Membership: \$1,000.00 Prorated as applicable

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

Authorized Signature _____ **Date** _____

This signature acknowledges membership and obligates the member for payment of dues.