



## APPLICATION FOR MEMBERSHIP

### PART I

**Name of Organization:**

**Address:**

**City:**            **State:** NC    **Zip:**

**Name of Contact Person:**

**Title:**

**Phone Number:**

**Fax Number:**

**Email Address:**

### PART II

**Population(s) Served:**

### Part III

**I agree to the following ground rules:**

- Commitment on the part of the participating organization to the Core Values and Standards for Children in Charlotte-Mecklenburg.
- Attendance at all meetings by the top executive of the participating organization, or an appointed designee who has the authority to make commitments or decisions on behalf of the organization during a meeting. Currently, the Alliance is meeting monthly as a large group and up to twice a month on committee work.
- Same individual to attend all meetings.
- A level of funding agreed upon by the core group to underwrite the effort.
- The willingness to participate in honest dialogue with professional colleagues and work collaboratively to support the group's decisions.
- The willingness to actively participate on a working committee in between meetings.
- The willingness to accept some leadership role during the life of the collaborative.

**I agree to pay the annual membership contribution dues as follows:**

Annual Budget Fee

0-\$1 million = \$200

\$1-\$2 million = \$400

\$2-\$4 million = \$600

Over \$4 million = \$800

Contributions are determined by a sliding scale based on annual budgets. Annual dues are due in February and may be split into 2 payments.

**Application for Membership should be directed to:**

The Children's Alliance - Administration Support, Traci Meyer-Carpenter at [tjmc81177@yahoo.com](mailto:tjmc81177@yahoo.com)

**Applicant's Signature:**

**Date:**