



Alliance

Full Membership Application

The Alliance also offers Individual and Supporting Organization Memberships. Please contact our office at (512) 892-2683 to discuss these opportunities.

Agency Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Website Address: _____

E-Mail Address: _____

Executive Director: _____

Alliance Contact: _____

Please complete the contact information below if it is different from above.

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Type of Membership: **Nonprofit** _____ **For-Profit** _____

Is your organization accredited? Yes _____ No _____

If yes, by whom? _____

Please list all other state and national affiliations below.

There are many different ways you can be active in the Alliance. Please select your interest(s) below:

Committee Involvement _____ Event Planning _____ Volunteer Assistance at Events _____

Caucuses: Adoption _____ Foster Care _____ Residential Treatment _____

Licenses Held: Please check all the license(s) your organization holds:

- Basic Care _____ Foster Care _____
- Maternity _____ Residential Treatment _____
- Foster Family Home _____ Emergency Shelter _____
- Halfway House _____ Group Foster Home _____
- Child Placing Agency: Adoption _____ Therapeutic Camp _____

(Please complete the other side.)

Total budget for direct child and family services for the last fiscal year \$ _____

Dues Information: Membership dues are based on the annual total budget for direct child and family services and can range from \$500 to \$7,500.

Major Programs: Please check all the major programs that your organization offers.

Residential Group Care _____ Residential Treatment Center _____

Maternity and Adoption _____ Foster Care _____

Charter School _____ Other _____

Please fill out a separate Information Form (enclosed) for every site of your agency. Also fill out this form if you have more than one site.

State agencies that your organization contracts with: TDFPS _____ TYC _____
Juvenile Probation _____ MHMR _____ TEA _____ Other _____

Briefly describe your organization.

Your organization's mission statement.

Nonprofit Organizations

Please attach a copy of your IRS letter verifying your 501(c)3 status, all current licensure, accreditation or state operating requirements, and a copy of your last annual report, if available.

For-Profit Organizations

Please attach a copy of all current licensure, accreditations or state operating requirements, and a copy of your last annual report, if available.

Please provide the names of two current Texas Alliance of Child and Family Services member organizations as references, including contacts at those organizations.

Signature _____ **Date** _____