APPLICATION for Membership

Organization: _____

Appointed Representative: _____ Title: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____ Website: _____

TYPE OF ORGANIZATION:

☐ Community-based Non-profit (501C3) ☐ Faith-Based ☐ Youth Development ☐ Medical

☐ Affiliation/Association ☐ Individual ☐ Lobbying ☐ Other _____

TYPE OF PRIMARY SERVICE:

☐ Youth/Youth Adult Education ☐ Lobbying ☐ Peer-to-Peer Education ☐ Professional Education

☐ Member / Affiliate Services ☐ Media ☐ Parent/Family Education ☐ Program Supervision

☐ Education Materials Development ☐ Other: _____

REQUIRED FORMS for submission with application:

1. Signed Statement of Principles
2. Mission Statement of applying organization
3. Two letters of reference from host organizations (schools, youth organizations or coalition members in good standing.)

ANNUAL MEMBERSHIP LEVELS: I. Organizations and Churches— $100 II. Individuals- $50

Make checks payable to FHCC and mail to: FHCC c/o Willow Sanders
6704 S. US Hwy 1
Port St. Lucie, FL 34952

FOR OFFICE USE ONLY

Date Received: _____

☐ New Application (Recommended by 1)_____ 2) _____)

☐ Renewal (Prior member in good standing)

☐ Statement of Principles

☐ Mission Statement

☐ Two Letters of reference

Reviewed by Board: Date _____ ☐ Approved ☐ Rejected (Reason: _____)

Date Paid: _____ Amount: _____ Level of Membership: _____