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**ORGANIZATIONAL LEVEL MEMBERSHIP FORM**

Organization Name:

Organization Address:

City: State: Zip: County:

Contact Person: Work Email:

Work Phone: Work Fax:

**Organization Type (check all that apply):**

🞎 Child Development Center 🞎 Youth-Serving Organization (YMCA/YWCA, Boys & Girls Clubs, etc.)

🞎 Church/Religious Organization 🞎 School 🞎 Family Child Care 🞎 CCR&R

🞎 Private, not for profit agency 🞎 Private, for profit 🞎 Military 🞎 Other:

**Funding Sources (check all that apply):**

🞎 CCAP 🞎 21st Century CLC 🞎 Teen Reach 🞎 Fees 🞎 Other:

**# of children and youth served by your agency:** \_\_\_\_\_\_

**Membership history:**

🞎 New Organizational Member

🞎 Renewing Member / Year you joined IAN:

**Organizational Level Membership Fee: $60 per member**

Organizations must enroll members at the same time and make full payment.

Memberships must be renewed annually. Membership prices are subject to change.

Please provide the name and email address below for each individual to be included in your organization’s membership. Please note a minimum of 3 memberships is required to qualify for an Organizational Level membership.

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| Name | Email | Position |
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**Remit payment to:**

Illinois AfterSchool Network (IAN)

2201 Toronto Road, Suite 219

Springfield, IL 62712

**Office Use Only** Check #: Amount: Date: Region: