



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
- Church/Religious Organization
- Private, not for profit agency
- Youth-Serving Organization (YMCA/YWCA, Boys & Girls Clubs, etc.)
- School
- Family Child Care
- CCR&R
- 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.

Name	Email	Position

Remit payment to:

Illinois AfterSchool Network (IAN)
2201 Toronto Road, Suite 219
Springfield, IL 62712

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