



CCFY Membership Application

Section A: Contact Names

Community Foundation

Community Foundation Name:	
Chief Executive Name/Title:	
Primary Contact/Title:	
Secondary Contact/Title:	
Street Address:	
City:	State & Zip Code:
Phone:	Fax:
Email Address:	Web URL:

Section B:

As indication of a desire to join the Coalition of Community Foundations for Youth, I attest that our community foundation is committed to proactive grantmaking and does now or will actively participate in the creation of a more coherent system of supports and opportunities for children, youth and families.

As a member of the Coalition, we understand that we will be eligible to receive technical assistance through the national conference series and various technical assistance and capacity-building grants programs. We also understand that ongoing assistance from the Coalition's national staff and peer coaching to serve as a problem-solving resource are available, including connecting experienced community foundations with communities that may be at an earlier stage of development. The conferences are free of charge to members, and there is no membership fee for joining the Coalition.

In return, we agree to: (1) endorse the Coalition's mission statement (to be signed by **community foundation CEO on page 2**); (2) assign a staff person to serve as the primary contact with the Coalition; and (3) Participate in network activities, including from time to time sharing information about your community foundation's programming on behalf of children, youth and families.

Please return completed application and member endorsement to the attention of Ellen Cugno at the address or fax below.

Thank you.

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MISSION STATEMENT

The mission of the Coalition of Community Foundations for Youth is to strengthen the leadership capacity of community foundations to improve the lives of children, youth and families.

MEMBER ENDORSEMENT

As Chief Executive Officer of _____
_____, I hereby endorse the above mission statement of the Coalition of Community Foundations for Youth on this _____ day of _____, 2005.

Name and Title



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Section C:

It would be very helpful if you would take a few moments to share with us what led you to apply for membership with CCFY by checking the appropriate box(es) below. Thank you

- Attendance/participation at a CCFY conference or event
Event: _____
- Applied for CCFY grant
- Scholarship opportunity
- CCFY website
- Referral from CCFY member or partner
Organization: _____
- Received CCFY mailing
Other: _____

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