



# 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.**

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**Your organization's mission statement.**

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**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.**

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**Signature \_\_\_\_\_ Date \_\_\_\_\_**