Community & Family Services Association of New York State

Membership Application

| Address: City: State: Zip: Phone: Fax: Website: Agency Executive Director/President: Agency Contact: Contact Email Address: Agency Mission: Please list the specific services your agency provides. Please list your agency site locations. Counties Served: Number of Full-Time Staff: Part-time Staff: Number of Active Volunteers: | Agency Name: | | | |
|---|---------------------------------|------------|---------------------|--|
| City: State: Zip: Phone: Fax: Website: Agency Executive Director/President: Agency Contact: Contact Email Address: Agency Mission: Please list the specific services your agency provides Please list your agency site locations Counties Served: Number of Full-Time Staff: | Address: | | | |
| Website: Agency Executive Director/President: Agency Contact: Contact Email Address: Agency Mission: Please list the specific services your agency provides. Please list your agency site locations. Counties Served: Number of Full-Time Staff: Number of Active Volunteers: | | | | |
| Agency Executive Director/President: Agency Contact: Contact Email Address: Agency Mission: Please list the specific services your agency provides. Please list your agency site locations. Counties Served: Number of Full-Time Staff: Number of Active Volunteers: | Phone: | F | ax: | |
| Agency Contact: Contact Email Address: Agency Mission: Please list the specific services your agency provides. Please list your agency site locations. Counties Served: Number of Full-Time Staff: Number of Active Volunteers: | Website: | | | |
| Agency Mission: Please list the specific services your agency provides. Please list your agency site locations. Counties Served: Number of Full-Time Staff: Number of Active Volunteers: | Agency Executive Director/P | President: | | |
| Agency Mission: Please list the specific services your agency provides. Please list your agency site locations. Counties Served: Number of Full-Time Staff: Number of Active Volunteers: | Agency Contact: | | | |
| Please list the specific services your agency provides. Please list your agency site locations. Counties Served: Number of Full-Time Staff: Number of Active Volunteers: | Contact Email Address: | | | |
| Please list your agency site locations. Counties Served: Number of Full-Time Staff: Number of Active Volunteers: | Agency Mission: | | | |
| Please list your agency site locations. Counties Served: Number of Full-Time Staff: Number of Active Volunteers: | | | | |
| Counties Served: Number of Full-Time Staff: Number of Active Volunteers: | | | | |
| Number of Full-Time Staff: Part-time Staff: Number of Active Volunteers: | Please list your agency site lo | ocations. | | |
| Number of Full-Time Staff: Part-time Staff: Number of Active Volunteers: | | | | |
| Number of Active Volunteers: | | | Don't time - St-ff. | |
| | - | σ• | _ rart-ume Staii: | |
| | rumber of Active volunteer | | _ | |

Community & Family Services Association of New York State

29 North Hamilton St Suite L18 Poughkeepsie, NY 12601

> t- 845-452-1110 Ext: 3413 f- 845-790-5974



Community & Family Services Association of New York State

Community & Family Services Association of New York State

29 North Hamilton St Suite L18 Poughkeepsie, NY 12601

> t- 845-452-1110 Ext: 3413 f- 845-790-5974



Membership Application - *continued*

| Size of Board: | |
|------------------------------------|--|
| Number of Board Meetings Per Year: | |
| Annual Budget: | |

What do you hope to gain by being a member of CFSANYS? (Please select all that apply)

| | Professional (CEO) Development | | Peer guidance & support |
|--------|--------------------------------|---|---------------------------|
| | Board development | | Legislation & advocacy |
| | Fundraising skills | | information |
| | HR management | I | Information about funding |
| | | | sources |
| | Statewide networking | | Information about program |
| | | | delivery |
| Other_ | | | |

| • | | | |
|---|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Annual Dues Structure

| Agency Operating Budget | Annual Dues | |
|-----------------------------|--------------------|--|
| Up to \$1,000,000 | \$275.00 | |
| \$1,000,001 to \$2,500,000 | \$550.00 | |
| \$2,500,001 to \$5,000,000 | \$1,100.00 | |
| \$5,000,001 to \$10,000,000 | \$1,600.00 | |
| \$10,000,001 and Higher | \$2,000.00 | |
| | | |