

Pennsylvania Council of Children, Youth and Family Services

2040 Linglestown Road, Suite 109
Harrisburg, PA 17110
Phone: 717-651-1725 - Fax: 717-651-1729
hbqoffice@pccyfs.org - www.pccyfs.org

2016-2017 Friend of the Council Membership Application

The Friend of the Council herein named applies for membership in the Pennsylvania Council of Children, Youth & Family Services for the 2016-2017 membership year.

Friend's Name _____
(Designated recipient of membership benefits)

Address _____

Telephone () _____ **E-Mail** _____

Current Employer _____
(If applicable)

Position Title _____

Current or Previous affiliation with serving Children/Families and/or PCCYFS
Yes _____ No _____ If yes, please explain briefly _____

Friends of the Council members are posted on the PCCYFS Website. In consideration of your privacy, we will only include information per your authorization. Please designate what information you wish have posted as follows:

Address Yes ____ No ____ **Phone Number** Yes ____ No ____

E-Mail Address Yes ____ No ____ **Previous Affiliation** Yes ____ No ____

Additional identifying Information of your choice, 50 words or less _____

Dues for 2016-2017 Membership: \$150:00 – prorated as applicable

Authorized Signature

Date

Friend of the Council Members will respect the boundaries and policies established for use and dissemination of material, information and publications generated by PCCYFS as benefits of membership.