

# Pennsylvania Council of Children, Youth and Family Services

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## 2018-2019 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 2018-2019 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 2018-2019 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.