

# Pennsylvania Council of Children, Youth and Family Services

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## 2016-2017 Partner Affiliate Membership Application

The Partner Affiliate Member (Organization) herein named applies for membership in the Pennsylvania Council of Children, Youth & Family Services for the 2016-2017 membership year.

**Organization Name** \_\_\_\_\_

**Nature of Business or Service** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone** (    ) \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Fax** (    ) \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_ **Web Address** \_\_\_\_\_

Total Number of Employees \_\_\_\_\_

**Dues for 2016-2017 Membership: \$1,200.00** Prorated as applicable

Method of Payment (Please Check One) Single \_\_\_\_\_ 2 Installments \_\_\_\_\_

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

This signature acknowledges membership renewal and obligates the member for payment of dues.