

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.