

# Pennsylvania Council of Children, Youth and Family Services

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## 2016-2017 Vendor Membership Application

The Vendor Member (Business or Corporation) herein named applies for membership in the Pennsylvania Council of Children, Youth & Family Services for the 2016-2017 membership year.

**Entity Name** \_\_\_\_\_  
(Business or Corporation)

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

**Entity Owner's Name** \_\_\_\_\_

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

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

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

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

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

Do you wish to receive the Monday Morning Update and Weekly Digest? **Yes** \_\_\_\_ **No** \_\_\_\_

**Dues for 2016-2017 Membership: \$1,000.00** Prorated as applicable

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

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

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