

## SUPPORTING AFFILIATE MEMBER COMMITMENT

Maryland Association of Resources for Families and Youth



**MARFY**

**Supporting Affiliate Membership** is open to governmental organizations and public organizations serving children, youth and families, other associations representing human service providers and advocacy organizations which have an interest in supporting MARFY's works and who wish to be kept informed about matters of public policy affecting children, youth, and families. Affiliate Members are entitled to all benefits and privileges outlined below. Upon receipt of the application for membership and applicable dues, the applicant will receive a Certificate of Affiliate Membership, current listings of the Association's members, a current schedule of meetings and special events. Affiliate Members will also receive discounted member rates for MARFY conferences and training activities. Affiliate Members will receive selected mailings throughout the year and are eligible to receive certain reports and position papers on significant policy issues upon request.

Check One:

- Initial Application       Renewal Application

Complete full formal name of agency

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Authorized Representative Name & Title (if different)

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Agency Website Address \_\_\_\_\_

\_\_\_\_\_

**Please indicate your agency type:**

- Governmental Organization serving children, youth, and families  
 Advocacy Organization  
 Human Services Association  
 Professional Association

**Benefits**

Supporting Affiliate members are eligible to attend, but not vote at, general membership meetings. Supporting Affiliate members may also receive Board meeting minutes, serve on committees, and pay reduced member rates for training and conferences.

**DUES** **\$500**

To be paid: Annually: \_\_\_\_\_ Semi-Annually: \_\_\_\_\_ Quarterly: \_\_\_\_\_

**Method of Payment:**

- #** Check (enclosed)
- #** Purchase Order (copy enclosed)
- #** VISA/MASTERCARD/DISCOVER (circle one)

# \_\_\_\_\_

Exp. Date: \_\_\_\_\_ V-Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Applicant's signature indicates applicant organization subscribes to MARFY's mission and purpose as defined in the Association's Bylaws.**

Application Date: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

**Please forward completed application to:  
Maryland Association of Resources For Families and Youth  
1517 S. Ritchie Highway, Suite 102  
Arnold, Maryland 21012**