



Far Southeast Family Strengthening Collaborative

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MEMBERSHIP APPLICATION

Membership Type (please check one) Individual or Organizational

Please Print Clearly

Date:

Contact Person:

Address: (Full Address Including Zip Code)

Home or Office Phone:

Alternate Phone:

Email Address:

Fax Number:

PLEASE CHECK THE COMMITTEES YOU WOULD LIKE TO BECOME A MEMBER OF:

Committees	Duties in Brief	Check
Community Engagement Committee	Develops membership standards; oversees the member application process and encourages community involvement.	<input type="checkbox"/>
Program Services Committee	Monitors programs and services provided by FSFSC and reports to the Board of Directors and the Membership Committee on the program's effectiveness.	<input type="checkbox"/>

AREAS OF INTEREST:

**Membership
MEMORANDUM OF AGREEMENT**

This is a Memorandum of Agreement between Far Southeast Family Strengthening Collaborative and

_____. I, _____ hereby commit to work with The Collaborative to improve the safety and quality of life for children, youth and families in Far Southeast. I will also align myself/ organization with the mission statement and activities, and assist with implementation.

INDIVIDUAL REPRESENTATIVE

DATE

COMMUNITY ENGAGEMENT COMMITTEE

DATE