



Membership Application

Organization		Non-Profit Status <i>(IRS Designation)</i>		Check One: <input type="checkbox"/> Faith-Based <input type="checkbox"/> Private <input type="checkbox"/> Governmental <input type="checkbox"/> Public	
Address				Year Founded	
Contact Name				Fiscal Year - start	
Contact Title		Phone		Cell	
		Fax		E-mail	
Current FY Operating Budget		Number Paid Staff (FTEs)		Est. Annual Volunteer Hours	
Funding Sources <i>(briefly describe key sources, and estimated percentage share of annual revenue)</i>					
Organization Mission					
Current Key Services Provided		Describe <i>(nature, scope and target populations)</i>		First Service Year	
1.					
2.					
3.					
4.					
5.					
Why is your organization interested in being a member of the CCC?					
How will your organization's involvement in the CCC support family-focused service delivery, and integrated human services in Muskegon County?					
Which agencies does your organization currently collaborate or partner with? Which agencies would your organization like to work more closely with?					
How can the CCC support your organization's mission, services and programs?					
Signatures					
<i>Board Chair</i>					Date
<i>Executive Director</i>					Date

Send Completed Applications to:

Mail Address: Community Coordinating Council, 425 W Western Ave, Suite 200, Muskegon MI 49440

E-mail: cburnaw@cffmc.org