



# ST. JOSEPH YOUTH ALLIANCE MEMBERSHIP APPLICATION

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

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Internet Address: \_\_\_\_\_

Classification:       Individual       Corporation/Company       Not for Profit Organization

Primary Purpose:

Individual: \_\_\_\_\_

Corporation/Company: \_\_\_\_\_

Not for Profit (Identify Service): \_\_\_\_\_

Purpose of Joining the Youth Alliance: \_\_\_\_\_

What skills and resources can you share? \_\_\_\_\_

Organization or individual hereby acknowledges no commercial use of names, addresses or materials to be used without consent from the St. Joseph Youth Alliance.

\_\_\_\_\_  
Signature

Review Date by Executive Committee: \_\_\_\_\_ Initials: \_\_\_\_\_

Approval Date by Youth Alliance: \_\_\_\_\_

# ST. JOSEPH YOUTH ALLIANCE

## Criteria for Application

1. Those accepted as members of the St. Joseph Youth Alliance shall primarily serve youth on a non-for-profit basis.
2. Applicants for membership shall be classified as formal or nonformal caregivers of youth.
3. Applicants for membership must support the Mission statement of the St. Joseph Youth Alliance.
4. The primary purpose of the organizations applying for membership shall be to serve, directly or indirectly, the families and youth of the St. Joseph community.

## Mission Statement

Working better together for children, families, and the community.