



# Full member application

## Full member applicant assessment and approval procedure

The following process will be used to review and assess applications for Federation full membership.

1. Application and requested attachments are received.
2. Applicable state licensing reports are requested.
3. Application is announced to members.
4. Conference is scheduled at the applicant's location: to become familiar with the agency and its leadership; to discuss Federation purposes, goals and benefits of member participation; and to explore any areas where there may be questions about eligibility for membership.
5. Executive committee reviews application and supportive materials and makes recommendation to Federation Board.
6. Board votes on application.
7. Applicant is notified of Board vote.
8. If application is approved, membership commences upon receipt of initial dues payment.

### TO BE COMPLETED BY APPLICANT

Complete, formal name of organization, including "Inc." if applicable:

\_\_\_\_\_  
\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of main office: \_\_\_\_\_

Mailing address (if different): Street/PO box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Agency web address: \_\_\_\_\_

Chief executive's name: \_\_\_\_\_

Chief executive's title: \_\_\_\_\_

Chief executive's email: \_\_\_\_\_

Number of years in position: \_\_\_\_\_; with the agency: \_\_\_\_\_

Our agency serves the following Michigan counties:

\_\_\_\_\_  
\_\_\_\_\_

with branch offices in the following cities:

\_\_\_\_\_  
\_\_\_\_\_

Our agency serves the following other states and/or countries:

\_\_\_\_\_  
\_\_\_\_\_

If applicable, please identify the current Federation member(s) responsible for recruiting this organization for Federation membership:

\_\_\_\_\_  
\_\_\_\_\_

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Please check below the types of programs and services this agency provides and indicate in the right-hand column those programs which are accredited by the national standards-setting body identified here:

- COA
- JCAHCO
- CARF
- Other, specify:

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- | <b>Check all that apply:</b>                                    | <b>Check here if accredited:</b> |
|---|----------------------------------|
| <input type="checkbox"/> Adoption . . . . .                     | <input type="checkbox"/>         |
| <input type="checkbox"/> Adventure-based program . . . . .      | <input type="checkbox"/>         |
| <input type="checkbox"/> Community-based services . . . . .     | <input type="checkbox"/>         |
| <input type="checkbox"/> Corrections program—adults . . . . .   | <input type="checkbox"/>         |
| <br>  |                                  |
| <input type="checkbox"/> Day care for children . . . . .        | <input type="checkbox"/>         |
| <input type="checkbox"/> Day treatment . . . . .                | <input type="checkbox"/>         |
| <input type="checkbox"/> Education . . . . .                    | <input type="checkbox"/>         |
| <input type="checkbox"/> Emergency shelter . . . . .            | <input type="checkbox"/>         |
| <input type="checkbox"/> Employee assistance program . . . . .  | <input type="checkbox"/>         |
| <input type="checkbox"/> Employment program . . . . .           | <input type="checkbox"/>         |
| <br>  |                                  |
| <input type="checkbox"/> Family services . . . . .              | <input type="checkbox"/>         |
| <input type="checkbox"/> Foster care . . . . .                  | <input type="checkbox"/>         |
| <input type="checkbox"/> Refugee resettlement service . . . . . | <input type="checkbox"/>         |
| <input type="checkbox"/> Residential treatment . . . . .        | <input type="checkbox"/>         |
| <input type="checkbox"/> Respite care . . . . .                 | <input type="checkbox"/>         |
| <br>  |                                  |
| <input type="checkbox"/> Senior services . . . . .              | <input type="checkbox"/>         |
| <input type="checkbox"/> Substance abuse services . . . . .     | <input type="checkbox"/>         |
| <input type="checkbox"/> Volunteer programs . . . . .           | <input type="checkbox"/>         |
| <br>  |                                  |
| <input type="checkbox"/> Other:                                 |                                  |
| _____ . . . . .   | <input type="checkbox"/>         |
| _____ . . . . .   | <input type="checkbox"/>         |
| _____ . . . . .   | <input type="checkbox"/>         |
| _____ . . . . .   | <input type="checkbox"/>         |
| _____ . . . . .   | <input type="checkbox"/>         |
| _____ . . . . .   | <input type="checkbox"/>         |
| _____ . . . . .   | <input type="checkbox"/>         |

**Full Member Dues Formula (effective September 2010)**

Agency total expenditures	Dues rate	Dues ranges
up to \$360,000	.0025	900
\$360,001–\$500,000	.0025	1,000 - 1,250
\$500,001–\$1,000,000	.0025	1,250 - 2,500
\$1,000,001–\$2,000,000	.0025	2,500 - 5,000
\$2,000,001–\$3,000,000	.0025	5,000 - 7,500
\$3,000,001–\$4,000,000	.0025	7,500 - 10,000
\$4,000,001–\$5,000,000	.0025	10,000 - 12,500
\$5,000,001–\$10,000,000	.0025	12,500 - 13,000
\$10,000,001–\$20,000,000	.0025	14,000
\$20,000,001–\$30,000,000	.0025	15,000
\$30,000,001–\$50,000,000	.0025	16,000
\$50,000,001 and above	.0025	17,000

Minimum dues \$900 per year  
Maximum dues \$17,000 per year

Understanding that Federation membership, once approved by the Federation Board of Directors, commences upon receipt of a full member's initial dues payment based on an audit of the agency's most recently-completed fiscal year (copy enclosed), I calculate our annual dues as follows:

Total agency expenditures [to include unrestricted operating expenditures, restricted fund(s) expenditures and depreciation expense; and to exclude capital asset acquisition expenditures] last-completed fiscal year: \$ \_\_\_\_\_ (A)

Full member dues formula: \_\_\_\_\_ x .0025 (B)

Multiply figure A by B: \$ \_\_\_\_\_ (C)

Annual dues amount: \$ \_\_\_\_\_ (D)

—Apply minimum or maximum as per chart above.

**Applicant's signature indicates applicant organization subscribes to the Federation's purposes as defined in the Federation's Articles of Incorporation, Bylaws, Membership Standards and Board Policies:**

Signed: \_\_\_\_\_

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

- Please attach the following items when submitting your membership application:**
- Agency organizational chart
  - Most recent audited financial statement
  - Most recent annual report of agency services and programs
  - Current list of agency board members
  - Most recent certificate of accreditation
  - Typed list of branch office locations and phone #s
  - Descriptive brochures about agency programs.

**Submit complete application and attachments to:**  
Michigan Federation for Children and Families  
320 N. Washington Square, Suite 100  
Lansing MI 48933