



# Individual member form

**PLEASE PRINT**

Name as you would like it to appear on Federation publications (or not): \_\_\_\_\_

**Check here**  **if you object** to the Federation publishing your name as an Individual Member.

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Daytime phone: (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Current employment status:  Employed  Unemployed  Retired

**CURRENT or MOST RECENT employer:** \_\_\_\_\_

Title or job responsibility: \_\_\_\_\_

City: \_\_\_\_\_ Number of years in this position: \_\_\_\_\_ Number of years with this employer: \_\_\_\_\_

Check below if you are **CURRENTLY** a Board member, employee, dues-paying member, volunteer or foster or adoptive parent for a human services organization (please identify organization):

Board member	Employee	Dues-paying member	Volunteer	Foster parent	Adoptive parent	Name of human services organization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Check below if you are a **FORMER** Board member, employee, dues-paying member, volunteer or foster or adoptive parent for a human services organization (please identify organization):

Board member	Employee	Dues-paying member	Volunteer	Foster parent	Adoptive parent	Name of human services organization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Indicate your major area of interest** within the scope of human services: \_\_\_\_\_

**Please include your check payable to Michigan Federation for Children and Families** for \$75\* for your first year's annual member dues. \*Annual member dues are \$60 for individual member who is also:

- ◆ A Board member of a current full or affiliate Federation member.
- ◆ Employed by—or a dues-paying member of—a current full or affiliate Federation member.
- ◆ Employed by a current Federation corporate sponsor.

(A list of current full and affiliate members and corporate / foundation sponsors can be found at [www.michfed.org](http://www.michfed.org).)

**We'd like to know more about you...**if you have a resume, please include it or a brief description of your background with your completed form and check.

**Applicant's signature indicates he/she subscribes to the Federation's purposes as defined in the Federation's Articles of Incorporation, Bylaws, Membership Standards and Board Policies [viewable at [www.michfed.org](http://www.michfed.org)].**

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

Check enclosed for \$\_\_\_\_\_.

**Check here if you'd like to join the Federation's Public Policy Committee.**

**Submit completed form, resume (optional) and check made payable to:**

Michigan Federation for Children and Families  
320 N. Washington Square, Suite 100  
Lansing MI 48933

**Questions? Call (517) 485-8552.**