

Citizens For Change, Inc.

Membership Application

Date: _____

Last Name

First Name

MiddleName

Street Address

Mailing Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Fax

eMail

Web Site

Have you ever had a case with a Child Protection Services Agency? _____

If yes, what is the status of the case? (i.e. open, pending, closed) _____

Have you ever worked for a Child Protection Services Agency as an employee or a contractor? _____

If yes, what agency and in what capacity? _____

Are you a social worker or are you closely affiliated with one? _____

What are the ages of your children/grandchildren (optional)? _____

How did you find out about Citizens For Change, Inc. _____

Describe briefly why you would like to be a member. _____

Membership Approval/Rejection:

Approval/Rejection	Name	Title	Date
		President	
		Vice President	
		Secretary	
		Treasurer	
		Board Member	
		Board Member	
		Board Member	

If rejected please state reason: _____

Membership Letter Sent: _____

Payment Received: _____ Check #: _____ or Cash: _____