ORGANIZATIONAL MEMBERSHIP FORM

Electronic Form available here: bit.lv/BeACLMMember

Main Office Address: City:		Zip:
·		
Website. 11ttp://		
List all program site lo	cations (city/town and zip cod	le)
-	,	ormerly the Council on Accreditation)? Carting or renewing their accreditation
□ABH □ADDP	nber of any of the following m MAAPS The Provider's Ce Memberships):	's Council
Social Media		
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LinkadIn		
YouTube:		

Organizational Logo: Please email a logo to Camila@childrensleague.org

Representative unless otherwise noted. They are authorized to represent their organization during meetings, in casting votes, and in carrying out other membership duties as permitted under CLM's bylaws. President/CEO: Email: Phone: If the organization wishes for another senior or executive staff member to serve as the authorized membership representative, please provide their information below and check off their membership representative status. Title: Email: ____ Phone: __ ☐ Permanent Membership Representative □ Only in the event the authorized representative is absent from in-person or virtual meetings Additional contacts if different from above and can assist in coordinating with CLM staff. Renewal Contact: _____ Email: _____ Title: Phone: ____ Billing Contact: _____ Email: _____ Title: _____ Phone: _____ Communications Contact: _____ Email: _____ Title: Phone: Public Policy Contact: _____ Email: _____ Title: _____ Phone: _____

HR Contact: _____ Email: _____

Title: Phone:

The president, CEO, or executive director serves as the organization's Membership

DUES CALCULATION

Membership dues are paid annually and cover the fiscal year- July 1st through June 30th. The amount is calculated using organizations' revenue across select child services agencies and applied against CLM's membership formula. Please fill in your organization's revenue below. Provider organizations can anticipate these amounts will be located in their latest UFR filings.

Child Service Rever	iue		Formula	Contribution	
DCF Revenue	\$		x 100%	\$	
DYS Revenue	\$		x 100%	\$	
DMH Revenue	\$		x 100%	x 100% \$	
DPH Revenue	\$		x 50% \$		
766 Revenue	\$		x 50%	\$	
3rd Party Billing	\$		x 50%	\$	
		Sum of Above Co	ontribution: \$	0	
			Ψ	s x 0.08%	
		Total Dues Calcu	lation: \$		
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*Exceptions:					
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maximum dues amo	JUIII.				
Dues Payment					
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		voice members for			
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		20.1			
☐ Please invoice p					
☐ Please send invo	ice after July	1st			
☐ No preference					
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☐ A donation to Ch		,	· -		
		League Education F	` '		
	mbership (\$7	75) for self, a frienc	I, colleague, retiree	e, student or other	
individual.					
☐ Interested in exp	oloring these	opportunities in th	ie future but not a	t this time.	

used to create resources to use in our outreach to legislators, state agency representatives, and conduct more targeted outreach with our members on important issues. Total Organization Revenue Approximate number of children and youth served annually across programs Approximate number of families served annually across programs What services does your organization provide? Select all that apply: □ Adoption ☐ Family Resource Center □ Congregate Care □ Intensive Foster Care □ Residential ☐ Foster Care □ Child Advocacy □ Juvenile Justice ☐ Child Care ☐ Child Advocacy ☐ Juvenile Justice ☐ Behavioral Health ☐ Education/Schooling ☐ Transition-Age Youth Support □ Child Care ☐ Other (list): _____ What state agencies do you regularly connect with or track via a contract, grant funding, advocacy efforts, etc.? Select all that apply: □ DCF □ DYS □ DMH □ DPH □ DTA □MassHealth ☐ OTHER__

CLM is in the process of enhancing our advocacy resources. This information will be

Submission Instructions

Send completed forms via one of the below methods.

Email: Mail:

Shayna@childrensleague.org 72-74 East Dedham Street,

Boston MA 02118

Electronic Form:

https://bit.ly/BeACLMMember

Questions

Shayna Parker, Operations & Public Policy Specialist 617-695-1991 Shayna@childrensleague.org