



Caregiver Coalition of Northeast Florida Membership Application

*Please complete the following information and submit to Executive Committee for approval. Membership is active upon approval by the Executive Committee **and** receipt of initial dues payment.*

Individual or Student Applicant

Name: _____ Phone: _____

Email: _____

Address: _____

City State Zip

☐ I am a degree-seeking student.

Student members must be degree-seeking students, 18 years and older. Please attach a copy of your driver's license and documentation showing current enrollment and graduation date.

College or University: _____

Organization

Organization Name: _____

Organization Address: _____

City State Zip

Primary Representative

Name: _____ Title: _____

Phone: _____ Email: _____

Alternate Representative

For voting purposes

Name: _____ Title: _____

Phone: _____ Email: _____



Membership Type

Please check the box indicating your membership type and the associated membership due.

- | | | |
|--------------------------|------------|-----------|
| <input type="checkbox"/> | Student | \$ 0.00 |
| <input type="checkbox"/> | Individual | \$ 25.00 |
| <input type="checkbox"/> | Nonprofit | \$ 450.00 |
| <input type="checkbox"/> | For Profit | \$ 500.00 |

Membership Year: _____

Date paid: _____

Payment is due in full in order to activate membership. There is no proration of dues based on date of the initial membership. Members are expected to remit renewal dues within 60 days of the start of each new calendar year. Dues are non-refundable for any reason including dismissal for poor conduct.

Committee Membership

Although not required, all members are encouraged to join a committee to help accomplish the work of the Coalition. Descriptions of each committee are below.

Communications Committee

The Communications Committee will be responsible for enhancing the visibility of the Coalition in the community and coordinating engagement with Coalition members. The committee will lead Coalition activity related to increasing community-based caregivers' awareness of available resources and programs. The committee will oversee the development and maintenance of the Coalition website, social media presence, newsletters and all coalition databases and mailing lists.

Membership Committee

The Membership Committee will focus on building the Coalition's membership and enhancing its diversity and collective capacity in support of the Coalition's mission. The committee will regularly engage the members to strengthen the value proposition for membership. The committee will be responsible for the new Member application process and make recommendations to the Executive Committee for the approval of new members.



Events Committee

The Events Committee has responsibility for planning, organizing and executing Coalition events. The committee will seek sponsorships for Coalition events consistent within guidelines approved by the Executive Committee.

Please indicate which committee you would like to join:

- ☐ Membership Committee
- ☐ Events Committee
- ☐ Communications

By signing below, I affirm the following:

- A. That I have received a copy of the Coalition Charter and Member Agreement and by remittance of my dues with this application I agree to what is therein.
- B. I acknowledge that my information will be shared as part of the Caregiver Coalition Membership Directory.
- C. I acknowledge that my photo may be taken at Coalition events, etc. and may be shared by the Coalition on the website, social media, and in other communications for education or information purposes.

Applicant Signature

Date