

Division of Family and Children Services

MEMBERSHIP APPROVAL REQUEST / AUTHORIZATION FOR PAYMENT OF FEES

Name of Organization: _____

Address: _____

Membership Fee Amount: _____

Period of Membership: _____ to _____

Briefly describe how membership and participation in this organization fits in with the mission and purpose of the Division of Family and children Services / DHR.

Describe how agency membership in this organization provides substantial benefit to clients / customers.

Could your agency receive the benefits described above without establishing membership or paying related fee?

Are funds available in local budget to cover expenditure? _____

Signature of County Director _____ Date _____

APPROVAL: _____ Date _____

Deputy Division Director or designee