

MICHIGAN COALITION OF HEALTH AND HUMAN SERVICE PROVIDERS

Application for Membership (Dues Structure----$5,000 annual for organizations $5m and up, $2,500 for less than $5m, prorated first year by quarter. Please send application and make checks payable to Michigan Coalition of Health & Human Services, P.O. Box 890, Grand Rapids, Michigan 49518. You can also email to wlarner@truscottrossman.com.

# Organization CONTACT

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name |  |  |  |
| President/CEO/Executive Director |  |  |  |
| Phone | Fax |  |  |  |
| E-mail |  |  |  |
| Website |  |  |  |
| Street addressCity, State ZIP Code |  |  |  |

# INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Year Established |  |  |  |
| Number of Employees |  | Number of Individuals Served |  |
| Last Year’s Total Revenue |  | Revenue Other than Medicaid |  |
| Number of Board Members |  | Referring Organization/Person |  |
| Accrediting Bodies |  |  |  |
| Ownership and Control: | Non Profit | Proprietary / For-Profit |  |
|  (circle) | Private / Church Related | Partnership / Corporation/ LLC |  |
| Counties serving in: |  |  |  |
|  |  |  |  |
|  |  |  |  |

# ServiCES Offered

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| --- | --- | --- | --- |
| Please list all services offered by your organization: |  |  |  |
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# agreement

By submitting this application, you authorize the Michigan Coalition of Health and Human Services Providers to make inquiries into the references that you have supplied.

I certify on behalf of my organization that I have read the bylaws of the MCHHSP and agree to support its purposes and objectives. I understand that before becoming a member, we must remit the dues as specified.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Accepted by |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |

# Additional Membership application information

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| --- | --- |
|  | Briefly describe why you are interested in having your organization join the Michigan Coalition of Health and Human Service Providers (MCHHSP): |
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|  | Please identify any special expertise or experience you/your organization can bring to the MCHHSP:\_\_\_\_\_\_\_\_\_\_ Leadership \_\_\_\_\_\_\_\_\_\_ Membership Development \_\_\_\_\_\_\_\_\_\_ Public Policy Advocacy \_\_\_\_\_\_\_\_\_\_ Fundraising\_\_\_\_\_\_\_\_\_\_ Strategic Planning \_\_\_\_\_\_\_\_\_Conference/Workshop Planning \_\_\_\_\_\_\_\_\_\_ Social Media \_\_\_\_\_\_\_\_\_\_ Ethics/Legal Resources \_\_\_\_\_\_\_\_\_\_ Written/Verbal Presentations \_\_\_\_\_\_\_\_\_\_\_ Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_ Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  | What would your organization bring to the MCHHSP in terms of skills and leadership? |
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|  | What benefits do you expect to receive from the MCHHSP? |
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|  | What are examples of your organization’s leadership in the community?  |
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