

# FRYSCKy Membership Application & Invoice

## Member Benefits

Membership in a Professional Organization

Equal Voting Power\*

Eligible to Hold Elected Office\*

Subscription to FRYSCKy News

Eligible to Receive Scholarships For State & National Trainings\*

Support of a Major Statewide Advocacy Organization

Regular Communications on Legislative Issues Pertaining to Children, Youth, & Families

Linkages to Other National Organizations

Discounted Rate for Fall Institute\*

Membership Card

\* not available to Associate Members

## PAYMENT

Make Checks Payable to:

FRYSCKy, Inc.  
2220 Nicholasville Rd.,  
Suite 110-333  
Lexington, KY 40503

Federal Tax ID# ~ 61-1227454

This is your only invoice, please send a copy to your Board office along with your PO and request that they send payment along with a copy of the form to the FRYSCKy address provided above. Please keep a copy of this form for your documentation.

## Membership Categories & Dues *(choose one)*

**Individual ~ \$40 annually**

Available for FRYSC staff only

**Organizational ~ \$75 annually**

Allows up to 3 FRYSC staff from same Center to join

**Associate ~ \$25 annually**

Available for non-FRYSC staff; restrictions apply, see Member Benefits for details

**Membership with the Family Resource and Youth Services Coalition of Kentucky, Inc. begins July 1<sup>st</sup> each year.**

**State Grant Funds May Be Used to Pay Dues!**

**Amount Due**

\$ \_\_\_\_\_

please write amount that you selected from above.

## Member Information

Individual Name(s): \_\_\_\_\_

Job Title: \_\_\_\_\_

Center (or Agency) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

School District \_\_\_\_\_

Region Number: \_\_\_\_\_

Regional Program Manager: \_\_\_\_\_

Are You a New Member This Year:    Y                            N