

FRYSCKy Membership Application & Invoice

FRYSCKy membership period is annually from July 1 – June 30

State Grant Funds May Be Used to Pay Dues!

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 or
non-FRYSC staff regardless of
membership category**

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.**

**This form must be included with payment
to ensure proper credit.**

Membership Categories & Dues (choose one)

OPTION #1 – Center (FRYSC Coordinator or Support Staff) ~ \$40 annually

For school districts that are paying the fee, the membership remains with the Center, so if the current coordinator leaves, the new coordinator inherits the existing membership for the remainder of that membership period.

OPTION #2 – Individual (FRYSC Coordinator or Support Staff) ~ \$40 annually

For individuals who are writing a personal check for membership. If individual changes jobs during membership period, the membership remains with that person.

OPTION #3 – Organizational (FRYSC Coordinator + Two) ~ \$75 annually

This membership option allows the coordinator plus 2 additional FRYSC staff or school administrators or Advisory Council members from same Center to join.

OPTION #4 – Associate ~ \$25 annually

Available for non-FRYSC staff (e.g. Principals, District Contacts, other positions not funded with FRYSC funds); see Member Benefits for details

Amount Due

\$ _____

please write amount that you selected from above.

Member Information (include info for each member)

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: _____