

APPLICATION FOR MEMBERSHIP
NATIONAL FELLOWSHIP OF CHILD CARE EXECUTIVES

Date _____

On behalf of the _____, I hereby apply for
(Name of Home)
membership of this agency in the NATIONAL FELLOWSHIP OF CHILD CARE
EXECUTIVES, and certify that said application is made with approval of the governing
body of said organization.

Signed: _____

Title: _____

Name of Home: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Chief Administrative Officer: _____

Title: _____

Physical Location of Home: _____

Home Sponsored By: (Church, Civic Organization, etc.) _____

Date Established: _____

Purpose of Home: _____

Number of Children in Residence Now: _____ Present Capacity: _____

Future Growth Plans: _____

Area Served: (Geographical) _____

Admission Requirements: _____

Do You Serve Both Boys and Girls? _____ Age Range: _____

Placement Authority: (Juvenile Court, Welfare, Private, etc.) _____

Fee or Charge for Care: _____

Educational Facilities: (Public Schools or Campus Facilities) _____

Licensed By Whom: _____

If Not Licensed By Appropriate State Organization, Why? _____

To What Other Local, State or National Organizations Do You Belong? _____

Are You Incorporated? _____

Date and State of Incorporation: _____

Are You Registered With the Federal Government As Tax Exempt? _____

Tax Number: _____

Please Give A Statement On Finances Covering How Your Funds Are Raised:
(Percentages)

(%) United Fund _____ (%) Direct Solicitation _____

() Community Chest _____ () State or Country Payments _____

() Direct Family Payments _____ () Endowments _____

() Other Sources _____

Please Describe Fund Raising Methods: _____

Who Administers Expenditures? _____

Are Accounts Audited Annually? _____

Do You Publish A News Periodical? _____

Name of Periodical: _____

How Often Is It Published? _____

To Whom Is It Sent? _____

Would You Exchange The Periodical With Other NFCCE Members? _____

Please Attach The Following To This Application:

1. Copy of Articles of Incorporation and Constitution and By-Laws.
These will be held in confidential files of the Executive Secretary of the Fellowship.
2. List of members of present governing body.

3. Check for annual membership dues. (This is refundable if application should be rejected.)

Send checks made payable to **NFCCE** to:

Kevin H. Orr
The Omaha Home for Boys
4343 North 52 Street
Omaha, NE 68104

(Please do not write below this line.)

Application Received: (Date) _____

Executive Committee Action: (Date) _____

Applicant Notified: (Date) _____

Treasurer Notified: (Date) _____