MEMBER RENEWAL FORM

Click here to complete your application online!

And enter the password Children25

Or print and complete the form below and submit via mail or email

ABOUT YOUR ORGANIZATION

Company/Organization Name: _____
Main Office Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Total Organizational Revenue: _____

Website http://_____
Facebook _____
Twitter _____
Instagram_____

Organizational Logo: Please send to membership@childrensleague.org

Is the organization accredited by Social Current (formerly the Council on Accreditation)?
Members receive a *25% discount on their accreditation with Social Current.*

□ Yes □ No □ Unsure

Are you a current member of any of the following membership organizations?

□ ABH □ ADDP □ maaps □ The Provider's Council
□ Other _____

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ORGANIZATONAL CONTACTS

Authorized Representative

President/CEO: _____
Title: _____
Email: _____
Phone: _____

The president, CEO, or executive director serves as the organization's Membership Representative unless otherwise noted. They are authorized to represent their organization during meetings, in casting votes, and in carrying out other membership duties as permitted under CLM's bylaws.

Alternate Representative

President/CEO: _____
Title: _____
Email: _____
Phone: _____

□ Permanently replace authorized representative
□ Only in the event the authorized representative is absent

Organizations can appoint another senior or executive staff member to serve as the authorized membership representative. If interested, please provide their information above and level of representation.

Accounts Payable
The designated point of contact for Accounts Payable serves as the organization's primary representative for invoice and payment processing, unless otherwise specified.

Name: _____ Title: _____
Direct Line: _____ Email: _____

Additional contacts (Optional)

Staff Member: _____ Email:_____
Title: _____ Phone: _____

Staff Member: _____ Email: _____
Title: _____ Phone: _____

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ABOUT YOUR SERVICES

Please submit relevant information about your organization's work with children, youth, and families. This information is optional to submit but will allow CLM to provide your organization tailored outreach and communications around those services. This information will also provide CLM the ability to better advocate for those services in our outreach with legislators, state agency staff, and other stakeholders.

Approximate number of children and youth served annually across programs_____
Approximate number of families served annually across programs _____
Approximate number of staff across programs_____

List of Program Sites (if more than one):
Please only include town/city and zip code
_____
_____
_____
_____
_____

What services does your organization provide? (Select all that apply)
□ Adoption Services
□ Behavioral & Mental Health
□ Congregate Care Services
□ Early Education or child care
□ Family Resource Center
□ Foster Care Services
□ Intensive Foster Care Services
□ Private Education Schooling (Chapter 766 Schools)
□ Residential Care Services
□ Transition-age youth support
□ Youth Homelessness Services
□ Other_____

Organization provides the following indirect services? (Select all that apply)
□ Public Education about children, youth, and family services
□ Lobbying and advocacy about children, youth, and family services
□ Research on children, youth, and family services
□ Grant funding on children, youth, and family services
□ Other_____

What state agencies do you regularly connect with or track via a contract, grant funding, advocacy efforts, etc.? (Select all that apply)
□ EOHHS □ DCF □ DYS □ DMH □ DPH □ DTA EEC □MassHealth
□ Other _____

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DUES CALCULATIONS

CLM's annual membership dues are calculated using an organization's direct child, youth, and family services applied against our dues formula.

[Read Membership Dues FAQ]

[Download and submit Excel version of this page instead]

Child & Family Revenue Source	Enter Revenue Amount	Multiply	Enter Total Revenue x Percentage
DCF		x 100%	
DYS		x 100%	
DMH		x 100%	
Other EOHHS Revenue		x 100%	
Local Education Agencies (LEA) / Chapter 766		x 50%	
Other LEA/766 Revenue		x 50%	
DPH		x 50%	
Third Party Billing		x 50%	
Other Behavioral Health Revenue		x 50%	

Revenue Eligible towards Formula (Sum of the Above Column)	
Multiply Then Add	x .08% + $500
Total Dues Amount *Minimum Dues $500* *Dues Capped at $23,000*	

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Dues Payment

Please do not send checks with the renewal form at this time. CLM staff will review the dues calculation page and invoice members for their total dues amount.

If you have a preference of when you'd like to be invoiced, please select below.

□ Please invoice prior to June 30th
□ Please send invoice after July 1st
□ No preference

Add to My Bill

Members can become sponsors of CLM by making a contribution any amount. Sponsors will receive additional recognition in our materials and on our website.

□ Yes I would like to sponsor at $_____
□ No
□ Interested in exploring this opportunity in the future, but not at this time.

Submission Instructions
Electronic Form: click here and enter the password Children25

Inquiries?
General: Rachel Gwaltney, Executive Director, (617)-696-1991, rachel@childrensleague.org

Membership: membership@childrensleague.org

Invoicing: Jasmin-Anne Ryals, Operations Specialist
jasminanne@childrensleague.org