



2525 Wallingwood Drive, Suite 1503
 Austin, Texas 78746-6923
 Ph: (512) 328-6860
 Fax: (512) 328-6863

AGENCY MEMBERSHIP APPLICATION

Agency name _____
 Address _____
 City _____ State _____ Zip _____
 Administrator _____ Title _____
 Phone (____) _____ Fax (____) _____ E-Mail _____
 Website _____ Number of agency staff _____

MEMBERSHIP TYPE

ORGANIZATION: Please check each of the following categories that apply to your agency. If you do not meet every criteria, you are eligible for associate membership. Organization members have 5 votes.

- Private nonprofit
- Board of Directors or Independent Advisory Board
- Agency accepts self referred clients
- Individual client records are confidential

ASSOCIATE: Associate status applies to organizations who do not meet all of the above criteria; associate members have one vote, and receive all other agency member benefits.

ANNUAL DUES

Regular organization and associate member yearly dues range from \$125.00-\$2200.00, based on agency's annual budget. First year membership is reduced by \$25. **Membership year is September 1 - August 31**, therefore, agencies joining mid-year should contact the TNOYS office to determine a pro-rated fee.

	MEMBER AGENCY BUDGET			DUES
1.	\$0	-	\$99,999	= \$125
2.	\$100,000	-	\$249,999	= \$250
3.	\$250,000	-	\$499,999	= \$350
4.	\$500,000	-	\$749,999	= \$450
5.	\$750,000	-	\$999,999	= \$550
6.	\$1,000,000	-	\$1,499,999	= \$675
7.	\$1,500,000	-	\$1,999,999	= \$750
8.	\$2,000,000	-	\$2,499,999	= \$850
9.	\$2,500,000	-	\$2,999,999	= \$950
10.	\$3,000,000	-	\$3,499,999	= \$1,050
11.	\$3,500,000	-	\$3,999,999	= \$1,100
12.	\$4,000,000	-	\$4,499,999	= \$1,150
13.	\$4,500,000	-	\$4,999,999	= \$1,200
14.	\$5,000,000	-	\$5,999,999	= \$1,250
15.	\$6,000,000	-	\$6,999,999	= \$1,300
16.	\$7,000,000	-	\$7,999,999	= \$1,350
17.	\$8,000,000	-	\$8,999,999	= \$1,400
18.	\$9,000,000	-	\$9,999,999	= \$1,450
19.	\$10,000,000	-	\$14,999,999	= \$1,600
20.	\$15,000,000	-	\$19,999,999	= \$1,750
21.	\$20,000,000	-	\$24,999,999	= \$1,900
22.	\$25,000,000	-	\$29,999,999	= \$2,050
23.	\$30,000,000	+		= \$2,200

CONTACT LIST: Please list the following contact persons, to be used for purposes as indicated.
PLEASE UPDATE EMAIL ADDRESSES throughout the year.

Membership, conferences, training, TEX-NET, and general information

Primary contact person _____ Phone (____) _____
Position _____ Program Name _____
Address _____ E-mail _____
City _____ State _____ Zip _____ Fax (____) _____

Policy Notices: Policy communications will be by email in most instances. (To add additional policy contacts, mark the appropriate boxes below. You may have as many policy contacts as you wish.

Primary contact person _____ Phone (____) _____
Position _____ Program Name _____
Address _____ E-mail _____
City _____ State _____ Zip _____ Fax (____) _____

Please add additional contact people. You may check the appropriate boxes under each name to request different types of information. (Mailing address is optional; most communication will be sent by email!)

Contact #2 _____ Phone (____) _____
Position _____ Program Name _____
Address _____ E-mail _____
City _____ State _____ Zip _____ Fax (____) _____
 General Communications/Newsletters Training Information Policy

Contact #3 _____ Phone (____) _____
Position _____ Program Name _____
Address _____ E-mail _____
City _____ State _____ Zip _____ Fax (____) _____
 General Communications/Newsletters Training Information Policy

Contact #4 _____ Phone (____) _____
Position _____ Program Name _____
Address _____ E-mail _____
City _____ State _____ Zip _____ Fax (____) _____
 General Communications/Newsletters Training Information Policy

Contact #5 _____ Phone (____) _____
Position _____ Program Name _____
Address _____ E-mail _____
City _____ State _____ Zip _____ Fax (____) _____
 General Communications/Newsletters Training Information Policy

Contact #6 _____ Phone (____) _____
Position _____ Program Name _____
Address _____ E-mail _____
City _____ State _____ Zip _____ Fax (____) _____
 General Communications/Newsletters Training Information Policy

Please indicate your funding sources. (Check all that apply)

Federal Funding

- RHY Basic Center
- RHY TLP
- RHY Street Outreach
- Juvenile Justice Grant or Contract
- Other Federal Grant (Please specify) _____

State Funding

- DFPS Contracts
 - Residential Foster Care
 - Independent Living
 - STAR
 - Other PEI (Please specify) _____
- Juvenile Justice Grant or Contract
- Workforce Commission Contract
- Other State Contract (Please specify) _____

Local Funding

- City or County Grant or Contract (Please specify) _____
- United Way or other federated campaign
- Faith-based Institutional Support
- Juvenile Justice Grant or Contract
- Other local funding (Please specify) _____

Fee for Service

How many youth or families did you serve in the last year? _____ Youth _____ Families

Is this number typical for most years? Yes No

How did you hear about TNOYS? TNOYS Newsletter Friend Employer TNOYS Website TNOYS Staff
TNOYS Board Member Conference, Workshop, or Seminar Other _____

What specific interests or concerns led you to join TNOYS at this time? _____

Please list ways your agency's mission and goals agree with the Mission of TNOYS. _____

I have read and agree to abide by the TNOYS Code of Ethics and hereby request membership in the Texas Network of Youth Services, Inc.

Signed _____ Date _____

Title _____

Thank you for your interest in joining the Texas Network of Youth Services!

Applications for agency membership are approved by the Board of Directors, which meets quarterly. Membership year is September 1 - August 31; agencies joining mid-year should contact the TNOYS office to determine a pro-rated fee.

Please remit your membership fee (see page one for dues levels), payable to the Texas Network of Youth Services, along with this application and brochures or other informational materials that include your agency's Mission Statement to:

Texas Network of Youth Services
2525 Wallingwood Drive, Suite 1503
Austin, TX 78746-6923



MISSION

The mission of TNOYS is to promote excellence in youth service organizations through support, training and advocacy.

CODE OF ETHICS

TNOYS MEMBERS AGREE TO:

- ◆ Accept responsibility and accountability for the quality and professional competence avoiding even the appearance of professional impropriety;
- ◆ Conduct professional affairs in a manner which will avoid any exploitation of, or embarrassment to, themselves, the Texas Network of Youth Services, Inc., and/or its members;
- ◆ Treat clients with respect and impartiality respecting differing beliefs and backgrounds. Above all, clients should be allowed every opportunity to retain their personal dignity;
- ◆ Seek opportunities for personal and professional development for themselves, staff and volunteers;
- ◆ Commit professional leadership to the achievement of the highest level of service to the community;
- ◆ Conduct programmatic endeavors with respect for existing programs within the network; maintain/respect the scope of on-going, existing programs;
- ◆ Manage information and preserve confidentiality gained through professional relationships in a responsible manner. While sharing of programmatic developments and ideas is a critical aspect of networking, the right to control the use of its original materials must be respected.

WITHIN THE BOUNDS OF THE CORPORATION'S BY-LAWS, THE TEXAS NETWORK OF YOUTH SERVICES, INC. AGREES TO;

- ◆ Assist in maintaining the integrity and competence of the members;
- ◆ Assist in preventing unlawful, unauthorized, and dangerous practices;
- ◆ Preserve the confidences of members and clients;
- ◆ Advocate on behalf of members and clients within the bounds of the law;
- ◆ Assist in improving the delivery of human services.

--Approved by the TNOYS Board, 1998