



Membership Application
October 1, 2018 – September 30, 2019

Name _____

Business Name (if corporate membership) _____

Address _____

Phone Number _____

Email Address _____

Your membership will include:

- One year of full non-voting membership
- Monthly emails about Council activities and upcoming events
- Invitations to all education opportunities by the Council
- Notice of all Board meetings (general members are encouraged to attend all board meetings and give input, however they may not participate in the voting process.)
- Opportunities to help with Council events (Roof Sit, Golf Tournament, etc.)
- CA/N Council window cling for your auto, office or home
- An opportunity to join one of more of the Council's committees (Fundraising, Publicity, Prevention, Membership)

Please enclose your check for \$20.00 made payable to:

Huron County CA/N Council
PO Box 332
Bad Axe, MI 48413

We thank you for your support of the children and families of Huron County!

**** New Members: Please complete reverse side ****



Background Search Authorization

Because we aim to keep children safe, we ask that you complete the following information. This information will be used to conduct a background search via ICHAT, which is a service of the Michigan State Police. Your information will not be used for any other purpose and will be kept with utmost confidentiality. Please know that all CA/N Council Board members, general members and volunteers are asked to provide this information.

1. Full Name: _____

2. Race (please check only one):

- White
- Black
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other/Unknown

3. Sex: Male Female

4. Date of Birth (MM/DD/YYYY): _____

5. Other Name (any other name you have been known by, such as a maiden name or previously married name):

Signature _____