



MEMBERSHIP APPLICATION

Thank you for your interest in joining the Illinois YouthBuild Coalition*

Type of Membership:

Individual General Member	
Organizational General Member	
YouthBuild Program	

Name: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address: _____

Website Address: _____

State Legislative Districts: _____

Congressional District: _____

- For General Coalition members, a suggested donation of \$50 for membership
- For Class B members:
 - Minimum amount for dormant or hardship: \$350
 - For agencies with budgets up to \$500,000: \$500
 - For agencies with budgets between \$500,000 and \$1,M: \$750
 - For agencies with budgets over \$1M: 1,000

Illinois YouthBuild Coalition, Inc.

Kerry Knodle, President

YouthBuild Rockford

917 S. Main Street

Rockford, IL 61101

(815) 963-6236

Fax: (815) 963-1002

Email: kknodle@youthbuildrockford.org

** Membership in the Illinois YouthBuild Coalition also includes a free membership to the National YouthBuild Coalition.*

A purpose of the corporation is to sponsor a broad-based coalition, which would act consistently with the guidelines of the National YouthBuild Coalition. Members of the coalition shall include the organizations which are the Class B members (affiliates of YouthBuild USA), other organizations operating or aspiring to operate a YouthBuild program within the state of Illinois, and other organizations and/or individuals that are dedicated to youth and community development or whose mission is consistent with the purposes of the corporation, as determined by the corporation's board of directors. Coalition members shall pay dues or other amounts as the Board of Directors may from time to time assess. Coalition members who are not Class B Members shall have no rights as members of the Corporation, but individuals associated with Coalition Members may serve on the Board of Directors pursuant to the Bylaws.

For YouthBuild Programs or agencies starting programs, please complete below:

Program Name _____
Sponsoring Organization _____
Name of Designated Representative to the IYC _____
Agency Budget: _____
Number of students _____
Number of housing units produced _____
Program Start Dates _____
YouthBuild Affiliated Network status:

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Provisional |
| <input type="checkbox"/> | Affiliate |
| <input type="checkbox"/> | Accredited Affiliate |
| <input type="checkbox"/> | Not a member |

Agencies that are Affiliates of YouthBuild USA are eligible for membership in the Illinois Coalition and are assessed annual dues according to their budget size.