



SCHOOL-COMMUNITY HEALTH ALLIANCE OF MICHIGAN

-Membership Application-

MISSION:

The School-Community Health Alliance of Michigan (SCHA-MI) is a collaboration of individuals and organizations that represent and support school-based and school-linked health centers & programs across the state of Michigan. SCHA-MI believes that all Michigan children and youth have a basic fundamental right to access and receive comprehensive primary health care and prevention services.

Our mission is:

- To advocate and promote school-based and school-linked health and prevention services;
- To educate the community, educational, social and political leadership about the health prevention needs of children and youth;
- To engage broad-based community and legislative support;
- To provide a forum for professional and agency support, education, training, resource development and networking for members;
- To enhance and strengthen partnerships.

YOUR MEMBERSHIP WILL:

- Provide access to advocacy efforts to secure funding and support from the state of Michigan and other funding resources.
- Allow you access to members only resources and services.
- Provide data, resources, technical assistance, grant assistance, and program and community development.
- Afford you discounts on conferences, workshops and other events sponsored by SCHA-MI.

MEMBERSHIP LEVELS:

- **Friend of SCHA-MI \$15**
A Friend of SCHA-MI is a person who would like to be kept up to date on the activities of the association and the issues surrounding the health of children and youth. Friends of SCHA-MI do not have voting rights. Benefits include only that of mailing list and email listserv communications.
- **Individual \$50**
An individual member is a person or interested party concerned about issues surrounding the health of children and youth and supportive of school-based health care. Individual members are entitled to one vote and all membership benefits.
- **Organizational \$250, plus \$50 for each additional site**
An organizational member is a public or private organization, agency or clinic that provides or promotes health and prevention services to children and youth. Members at this level are entitled to three votes, plus member benefits for all additional sites registered and paid for.



FOR OFFICE USE ONLY
 Date Received: _____
 Ck Amount: _____
 Ck No. _____
 Ck Date: _____
 Membership Type: _____

SCHA-MI MEMBERSHIP APPLICATION

PRIMARY CONTACT INFORMATION:

Name: _____ Title: _____

Organization: _____

Address: _____

City, State ZIP: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Renewing member: Yes No I would like to be involved in committee work: Yes No

PLEASE SELECT MEMBERSHIP LEVEL:

Friend of SCHA-MI \$15.00 \$ _____

Individual \$50.00 \$ _____

Organizational (1 site) \$250.00 \$ _____

Number of Additional Sites _____ x \$50 \$ _____

(Please complete contact info for each additional site on next page; attach additional pages if necessary)

Additional Donation (Helps support SCHA-MI advocacy efforts for children) \$ _____

Total Enclosed \$ _____

PAYMENT INFORMATION:

Please make checks payable to SCHA-MI and mail your application along with payment to:

School-Community Health Alliance of Michigan
 Attn: Anne Gladstone
 2525 Jolly Road, Suite 260
 Okemos, Michigan 48864

If you have any questions about which membership type would be appropriate for you or your organization or if you have any other questions, please contact Anne Gladstone at (517) 908-0847, ext. 222 or agladstone@scha-mi.org. Thanks.

ADDITIONAL SITES

Membership benefits will apply to each site paid for and registered with us as an associated site of your organizational. Please attach additional pages if necessary.

1) Name of Center or Program: _____

Site Contact: _____ Title: _____

Site Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

2) Name of Center or Program: _____

Site Contact: _____ Title: _____

Site Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

3) Name of Center or Program: _____

Site Contact: _____ Title: _____

Site Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

4) Name of Center or Program: _____

Site Contact: _____ Title: _____

Site Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

5) Name of Center or Program: _____

Site Contact: _____ Title: _____

Site Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

FREQUENTLY ASKED QUESTIONS

If you have any other questions that are not answered below, please contact Anne Gladstone at (517) 908-0847, ext. 222 or agladstone@scha-mi.org. Thanks.

GENERAL MEMBERSHIP FAQs

- What will my membership dues be used for?
Membership dues will be used to help strengthen and support the work of the School-Community Health Alliance of Michigan.
- When is the membership term?
Your membership term is for one year and begins on the date that we receive your application and dues. You will be notified by mail when it is time to renew your membership.
- What if my school-based health center is part of a larger network of centers?
Agencies that sponsor more than one school-based health center can become an organizational member and include contact information and payment for every center for which it wants member benefits.
- Can my school-based health center be a member if my sponsoring agency doesn't support membership dues?
Individual school-based health centers may submit membership application and fees independent from their sponsoring agency. However, we encourage the participation of the entire network.
- Is there a student membership level?
SCHA-MI does not have a separate category of membership for students however the Friend of SCHA-MI membership level is a great and inexpensive way for students to get involved.

INDIVIDUAL MEMBER FAQs

- Can I be also an individual member if my organization is already a member?
If an SBHC is an organizational member or a part of an organizational membership, the member benefits will apply to all employees of the site. You may still chose to become an individual member to show your support.

ORGANIZATIONAL MEMBERSHIP FAQs

- What are additional member sites?
Additional sites will often be the SBHC locations administered by the sponsoring agencies, but can also include school-based program delivery sites, additional offices, etc.
- Can I add a site to my organizational membership?
Sites may be added to an organizational membership at any time but SCHA-MI must be notified in writing and the \$50 payment for each additional site must be submitted before membership benefits will apply.
- What if my organization collaborates with school-based health centers, but doesn't directly sponsor a school-based health center?
Organizational and individual support categories are still appropriate for any individual or institution that supports SCHA-MI's mission, but does not directly administer SBHCs.