



**Coconino Coalition for
Children & Youth**
Connect. Inspire. Engage. Act.

- I want to be an individual member.**
___ I have enclosed my \$35.00 membership fee.
___ I paid my \$35.00 membership fee online.
- Our organization/business wants to be a member.**
Select from the following:
- | | |
|-------------------------------|--------------|
| Less than 50 employees | \$75 |
| 50 or more employees | \$150 |
| 200 or more employees | \$300 |
| 500 or more employees | \$500 |
- ___ I have enclosed our membership fee of _____.
___ I paid our membership fee online.

I'd like to be more involved in the valuable work that the CCC&Y does on behalf of children and youth in our community. Please contact me about serving on the following committee(s):

- Action & Outreach Committee
Child Abuse Prevention: Williams CAP Council Flagstaff CAP Council
- Coalition Fosters Connections Committee
- Early Success Committee

For our Membership Records

Name _____

Agency/Organization (as you'd like to be listed on the CCC&Y Website): _____

Mailing Address _____

Phone Number _____

E-mail _____

Please mail this form along with your check to:

Coconino Coalition for Children & Youth, 2625 N. King Street, Flagstaff, Arizona 86004

Or email a copy to: coalition@coconinokids.org

Thank you for your dedication to the children and youth of Coconino County!