

# 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.

#### As a SCHA-MI Member You Will:

- Connect to valuable networking opportunities with other health care professionals and advocates.
- Have access to members only resources and services.
- Participate in meaningful state and national policy conversations to advance the work of school-based health and strengthen your advocacy skills.
- Be provided with data, resources, technical assistance, grant assistance, and program and community development.
- Receive discounts for workshops, conferences, and other SCHA-MI events.
- Have increased access to professional development and continuing education through trainings and conferences.
- Be informed of the latest state and national school health center news and resources.
- Become a part of a national movement to make school-based health centers an established part of the health care system.

### **Membership Levels:**

- Friend of SCHA-MI \$15
  - A Friend of SCHA-MI is a person who would like to show support for healthy kids and school-based health care. SCHA-MI Friends are provided with up to date information on the activities of the association and the issues surrounding the health of children and youth. 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 all membership benefits.

Organizational \$300, 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 member benefits for all additional sites registered and paid for.



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Ck Amount: \_\_\_\_\_ Ck No.\_\_\_\_\_

Membership Type: \_\_\_\_

Ck Date: \_\_\_\_

# SCHA-MI MEMBERSHIP APPLICATION

	ry Contact Information:	Title:	
Organiz	ration:		
Address	S:		
City, St	ate ZIP:		
Phone Number:		Fax Number:	
E-mail A	Address:		
Renewi	ng member: 🛛 Yes 🖵 No	I would like to be involved in committee	work: 🛛 Yes 🖵 No
List Ser	v Selection (pick all that you wo	ould like) 🛛 Alliance (general) 🖵 Mental	Health 🛛 Clinician
Please	Select Membership Level Friend of SCHA-MI	<b>:</b> \$15.00	\$
	Individual	\$50.00	\$
	Organizational (1 site)	\$300.00	\$
	Number of Additional Sites (Please complete contact info for ec attach additional pages if necessary	ach additional site on next page;	\$
Ad	ditional Donation (Helps suppor	rt SCHA-MI advocacy efforts for children)	\$
		Total Enclosed	\$
-	nt Information: nake checks payable to SCHA-N	1I and mail your application along with paym	ient to:
lf you h	60	ommunity Health Alliance of Michigan Attn: Robin Turner 35 Executive Drive, Suite 103 Lansing, Michigan 48911 nembership type would be appropriate for y	you or your

organization or if you have any other questions, please contact Robin Turner at (517) 908-0847, ext. 222 or rturner@scha-mi.org. Thanks.

## Additional Sites

	nbership benefits will apply to each site p se attach additional pages if necessary.	aid for and registered with us as an associated site of your organization
I)	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:	
		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:	
		Fax Number:
	E-mail Address:	
5)		
		Title:
		Fax Number:

### Frequently Asked Questions

If you have any other questions that are not answered below, please contact Robin Turner at (517) 908-0847, ext. 222 or rturner@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 and/or email 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.