



Membership Application

Primary Contact Information:

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City, State, ZIP: _____
 Phone Number: _____
 Fax Number: _____
 E-mail Address: _____

List Serv Selection (pick all that you would like):

Alliance (general) Mental Health Clinician Coordinator

Please Select Membership Level:

Individual	\$100.00	\$ _____
Organizational (1 site)	\$450.00	\$ _____
Number of Additional Sites	x \$75	\$ _____
<i>(Please complete contact info for each additional site on next page; attach additional pages if necessary)</i>		
Sustaining Sponsorship	\$3,000 - \$4,000 - \$5,000	\$ _____
<i>(You may select a Sustaining Sponship amount, only if it is more than the Organization Level with all of your sites.)</i>		
Education Partner (Schools)	\$50	\$ _____
Additional Donation		\$ _____
<i>(Helps support SCHA-MI advocacy efforts for children)</i>		
Total Enclosed:		\$ _____

Payment Information:

You have the option to pay for your membership by check or credit card. Please make checks make payable to SCHA-MI and mail your application along with payment to:

*School-Community Health Alliance of Michigan
 Attn: Robin Turner
 6035 Executive Drive, Suite 103 Lansing, Michigan 48911*

Credit Card Type: _____
 Cardholder Name (as shown on card): _____
 Card Number: _____
 Expiration Date (mm/yy): _____
 Security Code: _____
 Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for the agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature: _____ Date: _____

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 Robin Turner at (517) 908-0847, ext. 228 or rturner@scha-mi.org. Or, to learn more about our mission visit scha-mi.org.

Additional Sites:

Membership benefits will apply to each site paid for and registered with us as an associated site of your organizational membership.

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: _____



Membership Application Information

SCHA-MI Mission:

The School-Community Health Alliance of Michigan (SCHA-MI) is a collaboration of individuals and organizations that represent and support school-based health centers and programs across the state of Michigan. We support through our actions the belief 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 for and promote school-based and school-linked health and prevention services;
- To educate the community, educational, social, and political leadership about the health 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.
- 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 free or discounted workshops, conferences, and other SCHA-MI events including Youth and Adult Advocacy Days.
- 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:

- Individual - \$100

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.

Membership Levels (Continued):

- Organizational - \$450, plus \$75 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.
- Sustaining Sponsorship - \$3,000, \$4,000, or \$5,000
Applicants wishing to enroll in a Sustaining Sponsorship may select a sponsorship level, only if it is more than the Organization Level with all of your sites. Sustaining Sponsorship members are entitled all membership benefits.
- Education Partner - \$50
Schools may apply for membership as an Education Partner and are then entitled all membership benefits.

Frequently Asked Questions:

- 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.
- How long is the membership term?
Membership terms last one year and begin on the date that we receive your application and dues. You will be notified when it is time to renew your membership.
- Can my school-based health center be a member if my sponsoring agency does not support membership dues?
Individual school-based health centers may apply for membership independent from their sponsoring agency. However, we encourage the participation of the entire network.
- 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., mental health only, or health education only.
- 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 \$75 payment for each additional site must be submitted.

Application Approval:

All membership applications are reviewed and approved by the SCHA-MI Executive Director. The Executive Director reserves the right to decline any applications for membership.

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 Robin Turner at (517) 908-0847, ext. 228 or rturner@scha-mi.org. To learn more about our vision, visit scha-mi.org.

