

## COLLABORATIVE OF SOUTHERN CALIFORNIA

## **Membership Application**

Organization		DBA (if applicable)	
Name		Title	
Email Address (print clearly)	Office Phone		Cell Phone
YouthBuild Program Contact if other than above		Title	
Email Address (print clearly)	Office Phone		Cell Phone
Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Website	Office Fax Number		_
Years of Operation	501 (c)(3) Status		_
Zip Codes on your licensing agreement			_
□ DOL Funded □ YouthBuild U	JSA Affiliate □	Community	Based Organization
☐ I am submitting my annual dues of \$6 California for the membership period of			tive of Southern
☐ I am attaching a copy of my DOL You Affiliation Certificate.	uthBuild grant noti	fication or Yo	outhBuild USA
I understand the YouthBuild Collaborativ YBUSA regarding my Affiliated Networ compliance with Affiliate requirements.			

Make Checks Payable to: YouthBuild Collaborative of Southern California

Return application, Signed Bylaws, Designee Form, Payment and verification of DOL YB Grant notification or YouthBuild affiliation certificate to:

Sara Silva

Compton YouthBuild, PO Box 7205, Long Beach, CA 90807