

## **COLLABORATIVE OF SOUTHERN CALIFORNIA**

## **Membership Application**

Organization		DBA (if applicable)	
Name	T	itle	
Email Address (print clearly)	Office Phone		Cell Phone
YouthBuild Program Contact if other than above	T	itle	
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	SA Affiliate □ C	Community	Based Organization
☐ I am submitting my annual dues of \$6 California for the membership period of J			ive of Southern
☐ I am attaching a copy of my DOL You Affiliation Certificate.	uthBuild grant notifi	cation or Yo	outhBuild USA
I understand the YouthBuild Collaborativ			•

YBUSA regarding my Affiliated Network Dues and Data submission, ensuring I am in compliance with Affiliate requirements.

<u>Make Checks Payable to: YouthBuild Collaborative of Southern California</u>
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