



# AGENCY MEMBERSHIP APPLICATION

P.O. Box 26855 (512) 815-3299  
 Austin, Texas 78755 info@tnoys.org

## CONTACT INFORMATION

Agency name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Website \_\_\_\_\_ Number of agency staff \_\_\_\_\_

## MEMBERSHIP TYPE

ORGANIZATION: Please check each of the following categories that apply to your agency. You must meet all criteria. If you do not meet every criterion, you are eligible for associate membership. Organization members have 5 votes.

- Private nonprofit
- Board of Directors or Independent Advisory Board
- Agency accepts self-referred clients

ASSOCIATE: Associate status applies to organizations that do not meet all of the above criteria; associate members have one vote, and receive all other agency member benefits.

## ANNUAL DUES

Regular organization and associate member yearly dues range from \$125.00-\$2,200.00, based on the agency's annual budget.

MEMBER AGENCY BUDGET				DUES
1.	\$0	-	\$99,999	= \$125
2.	\$100,000	-	\$249,999	= \$250
3.	\$250,000	-	\$499,999	= \$350
4.	\$500,000	-	\$749,999	= \$450
5.	\$750,000	-	\$999,999	= \$550
6.	\$1,000,000	-	\$1,499,999	= \$675
7.	\$1,500,000	-	\$1,999,999	= \$750
8.	\$2,000,000	-	\$2,499,999	= \$850
9.	\$2,500,000	-	\$2,999,999	= \$950
10.	\$3,000,000	-	\$3,499,999	= \$1,050
11.	\$3,500,000	-	\$3,999,999	= \$1,100
12.	\$4,000,000	-	\$4,499,999	= \$1,150
13.	\$4,500,000	-	\$4,999,999	= \$1,200
14.	\$5,000,000	-	\$5,999,999	= \$1,250
15.	\$6,000,000	-	\$6,999,999	= \$1,300
16.	\$7,000,000	-	\$7,999,999	= \$1,350
17.	\$8,000,000	-	\$8,999,999	= \$1,400
18.	\$9,000,000	-	\$9,999,999	= \$1,450
19.	\$10,000,000	-	\$14,999,999	= \$1,600
20.	\$15,000,000	-	\$19,999,999	= \$1,750
21.	\$20,000,000	-	\$24,999,999	= \$1,900
22.	\$25,000,000	-	\$29,999,999	= \$2,050
23.	\$30,000,000	+		= \$2,200



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## CONTACT LIST

Please list contact persons at your agency to receive TNOYS communications, including newsletters, training announcements, calls for presenters, and more. Please do not forget to notify us of staffing and email changes throughout the year!

**Agency Administrators** *(will receive all TNOYS communications, including updates on legislation, funding opportunities, and other information of interest to agency administrators)*

Primary/Administrative contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Additional administrative contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Additional administrative contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Additional administrative contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Additional administrative contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Program Staff** *(will only receive program information such as training opportunities and general TNOYS newsletters)*

Program contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Program contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

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Program contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

*(Please copy this page of the membership application if you would like to add additional contacts to our mailing lists.)*



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## MEMBER INFORMATION

Please check the following boxes as appropriate to indicate your current funding sources so that we can better understand your organization and your needs.

### Federal Funding

- RHY Basic Center
- RHY TLP
- RHY Street Outreach
- Other Federal Funding (Please specify) \_\_\_\_\_

### State Funding

- DFPS Contracts
  - Residential Child Care/Foster Care
  - Supervised Independent Living
  - STAR
  - Other PEI (Please specify) \_\_\_\_\_
- Other State Contract (Please specify) \_\_\_\_\_

### Local Funding

- City or County Grant or Contract (Please specify) \_\_\_\_\_
- United Way or other federated campaign
- Faith-based Institutional Support
- Juvenile Justice Grant or Contract
- Other local funding (Please specify) \_\_\_\_\_

- Fee for Service

How many youth or families did you serve in the last year? \_\_\_\_\_ Youth \_\_\_\_\_ Families

Is this number typical for most years? Yes No

How did you hear about TNOYS?

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> TNOYS Newsletter | <input type="checkbox"/> TNOYS Website | <input type="checkbox"/> TNOYS Staff | <input type="checkbox"/> TNOYS Board Member |
| <input type="checkbox"/> Friend           | <input type="checkbox"/> Employer      | <input type="checkbox"/> Conference  | <input type="checkbox"/> Other _____        |

What specific interests or concerns led you to join TNOYS at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list ways your agency's mission and goals agree with the mission of TNOYS. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## CODE OF ETHICS

TNOYS MEMBERS AGREE TO:

- ✓ Accept responsibility and accountability for quality and professional competence, avoiding even the appearance of professional impropriety;
- ✓ Conduct professional affairs in a manner which will avoid any exploitation of, or embarrassment to, themselves, Texas Network of Youth Services, Inc., and/or TNOYS members;
- ✓ Treat clients with respect and impartiality, respecting differing beliefs and backgrounds. Above all, clients should be allowed every opportunity to retain their personal dignity;
- ✓ Seek opportunities for personal and professional development for themselves, staff and volunteers;
- ✓ Commit professional leadership to the achievement of the highest level of service to the community;
- ✓ Conduct programmatic endeavors with respect for existing programs within the network; maintain/respect the scope of on-going, existing programs;
- ✓ Manage information and preserve confidentiality gained through professional relationships in a responsible manner. While sharing of programmatic developments and ideas is a critical aspect of networking, the right to control the use of its original materials must be respected.

WITHIN THE BOUNDS OF THE CORPORATION'S BY-LAWS, TEXAS NETWORK OF YOUTH SERVICES, INC. AGREES TO;

- ✓ Assist in maintaining the integrity and competence of the members;
- ✓ Assist in preventing unlawful, unauthorized, and dangerous practices;
- ✓ Preserve the confidences of members and clients;
- ✓ Advocate on behalf of members and clients within the bounds of the law;
- ✓ Assist in improving the delivery of human services.

***I have read and agree to abide by the TNOYS Code of Ethics and hereby request membership in Texas Network of Youth Services, Inc.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

## Thank you for your interest in joining Texas Network of Youth Services!

Applications for agency membership are approved by the TNOYS Board of Directors. Please remit your membership fee (see page one for dues levels), payable to Texas Network of Youth Services, along with this application and brochures or other informational materials that include your agency's Mission Statement to:

Texas Network of Youth Services  
P.O. Box 26855, Austin, Texas 78755