As a Network of two or more Family Resource Centers in the state of ____________, [Network name] agrees to support the National Family Support Network (NFSN) and its mission as Member. There are currently ________ [Please write a number] centers/organizations/members in the Network.

Membership Responsibilities
1. Abide by the Family Support Principles and promote the Strengthening Families Protective Factors
2. Support the implementation of the Standards of Quality for Family Strengthening & Support
3. Work together with all members with mutual respect and cooperation
4. Share relevant information, resources, and expertise with other members
5. Participate in regular monthly member meetings (2nd Monday of each month, 12-1:30pm ET)
6. Participate in annual in-person Member Convening & National Forum
7. Contribute perspective and expertise on NFSN Committees as available
8. Ensure the NFSN has current contact info for Network Contacts

Membership Dues
Please note that each level includes one 2021 Member Convening registration at a discounted rate.
☐ $775 - Volunteer-coordinated Networks (Networks coordinated by Program directors in a volunteer role)
☐ $1,050 - All other Networks (non-profit, government-coordinated, foundation-coordinated, consultant coordinated, etc.)
☐ $525 - First-time Member Networks (Volunteer-coordinated)
☐ $650 - First-time Member Networks (Non-volunteer coordinated)

Name __________________________ Date ____________________________

Network Name __________________________ Network Position __________________________

Address

(______)____________________________ (______)____________________________
Phone Number Phone Number #2

Email Address __________________________ Network Website (if any) __________________________

Membership dues are valid through June 30, 2021. Please scan and send to Julie Matusick, Membership & Administration Manager, at julie@nationalfamilysupportNetwork.org. If you have any questions, please contact Julie.