

Pickaway County Family & Children First Council

Application for Organizational Membership



Council:

Please consider this application for organizational and voting membership on the Pickaway County Family & Children First Council. I understand organizational membership requires that I miss no more than three meetings a year and makes me eligible to vote, serve on Council committees and serve as a Council Officer.

Name:	
Agency:	
Address:	
Contact number:	Email:

What services do you provide for families & children?

Why are you interested in serving as an Organization on the Pickaway County Family & Children First Council?

What do you feel you can contribute to the Council or what benefits can you provide?

Applicant Signature: _____ Date: _____

I recommend this individual for Council Membership.

Agency Director Signature: _____ Date: _____

*Please attach your Agency's Mission Statement to this application

Return to: Kim Martin
Pickaway County FCFC
2050 Stoneridge Dr
Circleville, Ohio 43113

Executive Committee Approval _____ Signature: _____ Date _____
County Commissioner Approval _____ Signature: _____ Date _____