



Charter Membership Application

Thank you so much for your interest in becoming a Charter Member of First Candle/SIDS Alliance. Please send your completed application, all appropriate supporting documentation and a check payable in the amount of \$500 to:

First Candle/SIDS Alliance, 1314 Bedford Avenue, Suite 210, Baltimore MD 21208.

CONTACT INFORMATION

Name & Title: _____
Organization: _____
Address: _____
Phone: _____ Fax: _____
Email: _____ Website: _____
Preferred Listing in Directory: _____
Contact for Referrals: _____ Email: _____ Phone _____

ORGANIZATIONAL INFORMATION (enclose additional pages if necessary)

What type of bereavement support services does your organization provide?

Have your support group facilitators and peer contacts received training/certification?

What are your organization's educational outreach programs?

Have your educators and support providers received training/certification?

(please continue on next page)

What type of fundraising events/projects does your organization sponsor?

What other programs/services does your organization provide?

What geographic area is covered?

Please enclose the following documents as applicable:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Incorporation Papers | <input type="checkbox"/> Most recent IRS 990 | <input type="checkbox"/> By-Laws |
| <input type="checkbox"/> 501(c)3 Tax Exempt Status | <input type="checkbox"/> Most recent annual report | <input type="checkbox"/> Staff List |
| <input type="checkbox"/> License to Solicit | <input type="checkbox"/> Most recent newsletter | <input type="checkbox"/> Board List |
| <input type="checkbox"/> Certification for educators and bereavement support providers, if available | | |

First Candle/SIDS Alliance reserves the right to evaluate all applications, and to decline any membership application, in its sole discretion.

Name: _____ Title: _____ Date: _____

Signature: _____

On Behalf of the (name of organization): _____