



# SCHOOL-COMMUNITY HEALTH ALLIANCE OF MICHIGAN

## -Membership Application-

### **Mission:**

The School-Community Health Alliance of Michigan (SCHA-MI) is a collaboration of individuals and organizations that represent and support school-based and school-linked health centers & programs across the state of Michigan. SCHA-MI believes that all Michigan children and youth have a basic fundamental right to access and receive comprehensive primary health care and prevention services.

Our mission is:

- To advocate and promote school-based and school-linked health and prevention services;
- To educate the community, educational, social and political leadership about the health prevention needs of children and youth;
- To engage broad-based community and legislative support;
- To provide a forum for professional and agency support, education, training, resource development and networking for members;
- To enhance and strengthen partnerships.

### **As a SCHA-MI Member You Will:**

- Connect to valuable networking opportunities with other health care professionals and advocates.
- Participate in meaningful state and national policy conversations to advance the work of school-based health and strengthen your advocacy skills.
- Be provided with data, resources, technical assistance, grant assistance, and program and community development.
- Receive discounts for workshops, conferences, and other SCHA-MI events.
- Have increased access to professional development and continuing education through trainings and conferences.
- Be informed of the latest state and national school health center news and resources.
- Become a part of a national movement to make school-based health centers an established part of the health care system.

### **Membership Levels:**

- Individual \$50

An individual member is a person or interested party concerned about issues surrounding the health of children and youth and supportive of school-based health care. Individual members are entitled all membership benefits.

- Organizational \$300, plus \$50 for each additional site

An organizational member is a public or private organization, agency or clinic that provides or promotes health and prevention services to children and youth. Members at this level are entitled to member benefits for all additional sites registered and paid for.



**FOR OFFICE USE ONLY**  
 Date Received: \_\_\_\_\_  
 Ck Amount: \_\_\_\_\_  
 Ck No. \_\_\_\_\_  
 Ck Date: \_\_\_\_\_  
 Membership Type: \_\_\_\_\_

# SCHA-MI MEMBERSHIP APPLICATION

**Primary Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would like to be involved in committee work:  Yes  No

List Serv Selection (pick all that you would like)  Alliance (general)  Mental Health  Clinician

**Please Select Membership Level:**

Individual \$50.00 \$ \_\_\_\_\_

Organizational (1 site) \$300.00 \$ \_\_\_\_\_

Number of Additional Sites \_\_\_\_\_ x \$50 \$ \_\_\_\_\_  
*(Please complete contact info for each additional site on next page; attach additional pages if necessary)*

Additional Donation (Helps support SCHA-MI advocacy efforts for children) \$ \_\_\_\_\_

**Total Enclosed** \$ \_\_\_\_\_

**Payment Information:**

Please make checks payable to SCHA-MI and mail your application along with payment to:

School-Community Health Alliance of Michigan  
 Attn: Robin Turner  
 6035 Executive Drive, Suite 103  
 Lansing, Michigan 48911

If you have any questions about which membership type would be appropriate for you or your organization or if you have any other questions, please contact Robin Turner at (517) 908-0847, ext. 228 or rturner@scha-mi.org. Thank you.

## ADDITIONAL SITES

Membership benefits will apply to each site paid for and registered with us as an associated site of your organizational. Please attach additional pages if necessary.

**1) Name of Center or Program:** \_\_\_\_\_

Site Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Site Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**2) Name of Center or Program:** \_\_\_\_\_

Site Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Site Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**3) Name of Center or Program:** \_\_\_\_\_

Site Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Site Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**4) Name of Center or Program:** \_\_\_\_\_

Site Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Site Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**5) Name of Center or Program:** \_\_\_\_\_

Site Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Site Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

# FREQUENTLY ASKED QUESTIONS

*If you have any other questions that are not answered below, please contact Robin Turner at (517) 908-0847, ext. 228 or rturner@scha-mi.org. Thanks.*

## **General Membership FAQs**

- What will my membership dues be used for?  
Membership dues will be used to help strengthen and support the work of the School-Community Health Alliance of Michigan.
- When is the membership term?  
Your membership term is for one year and begins on the date that we receive your application and dues. You will be notified by mail and/or email when it is time to renew your membership.
- What if my school-based health center is part of a larger network of centers?  
Agencies that sponsor more than one school-based health center can become an organizational member and include contact information and payment for every center for which it wants member benefits.
- Can my school-based health center be a member if my sponsoring agency doesn't support membership dues?  
Individual school-based health centers may submit membership application and fees independent from their sponsoring agency. However, we encourage the participation of the entire network.

## **Individual Member FAQs**

- Can I be also an individual member if my organization is already a member?  
If an SBHC is an organizational member or a part of an organizational membership, the member benefits will apply to all employees of the site. You may still chose to become an individual member to show your support.

## **Organizational Membership FAQs**

- What are additional member sites?  
Additional sites will often be the SBHC locations administered by the sponsoring agencies, but can also include school-based program delivery sites, additional offices, etc.
- Can I add a site to my organizational membership?  
Sites may be added to an organizational membership at any time but SCHA-MI must be notified in writing and the \$50 payment for each additional site must be submitted before membership benefits will apply.
- What if my organization collaborates with school-based health centers, but doesn't directly sponsor a school-based health center?  
Organizational and individual support categories are still appropriate for any individual or institution that supports SCHA-MI's mission, but does not directly administer SBHCs.