



**Community
Services
Fund**
of Nebraska

COMMUNITY SERVICES FUND

Application for membership in 2009

Please submit to:
Community Services Fund
215 Centennial Mall South, Ste. 509
Lincoln, NE 68508
402-489-4332
402-441-0649 (Fax)

I. Basic Member Information

A. Name, Address and Telephone/Fax of Organization

(Organization Name)

(Street Address)

(City, State, Zip)

(Telephone and Fax)

(Website)

B. Name by which organization is to be listed in campaign brochure:

C. Executive Director:

(Name)

(Phone/Fax/Email)

D. Board President:

(Name)

(Phone/Fax/Email)

E. Person preparing this report:

(Name)

(Position)

II. Organization's Mission

Please enclose a copy of your organization's mission statement or a brief description of its mission and program highlights.

III. Please add any additional information or statistics relating to your organization. (i.e. brochure(s), most recent newsletter, campaign or marketing materials)

IV. Supporting Documentation:

- A. Proof of tax-exempt status
- B. Articles of incorporation (Must be incorporated for a minimum of 3 years with an established record of community service)
- C. Bylaws
- D. List of current board members and their professional affiliations
- E. An audit for the previous two years of the 501(c) (3) agency applying for membership
- F. A diversity or affirmative action statement (contact CSF for examples if needed)
- G. A list of current staff members and the positions they hold.