**National Children’s Alliance**

*Application for Satellite Membership with NCA*

**HOST AGENCY INFORMATION**

**Host Agency’s Name:**

By checking this box, I certify that our agency is currently an accredited member of the National Children’s Alliance in good standing.

**Host Agency’s Authorized Representative Name:**

**Host Agency’s Authorized Representative Title:**

**Host Agency’s Board President:**

*Host CAC Information***:**

**Physical Address:**      

**Mailing Address:**

**Phone Number:**       **Fax Number:**

**Email Address:**       **Web Address:**

*Note: The above email address will be used for all general communication with the center.*

**SATELLITE AGENCY INFORMATION**

**Satellite Agency’s Name:**

**Satellite Agency Authorized Representative’s Name:**

**Satellite Agency Authorized Representative’s Title:**

**Satellite Agency Advisory Board President’s Name (if applicable):**

*Satellite Agency Information***:**

**Physical Address:**      

**Mailing Address:**

**Phone Number:**       **Fax Number:**

**Email Address:**       **Web Address:**

**SATELLITE AGENCY INFORMATION**

**Applying for:**

Satellite Membership (New)  Satellite Membership (Renewal)

**Current Membership Status of the Satellite Agency:**

Accredited

Associate/ Developing

Affiliate

Non-member

**Population of area served:**

**What is your Satellite’s organizational structure? (Check one)**

Child Protective Services/Government Based CAC

Hospital Based CAC

Prosecution/ Government Based CAC

Law Enforcement/ Government Based CAC

Independent Non-profit 501(c)(3)

Program under umbrella of a larger non-profit 501(c)(3)

Other (please specify)

Our Satellite CAC program budget is:

Note: If you are part of an umbrella organization such as hospital, county, etc. please, enter the budget specific to your Satellite only.

**HOST AGENCY INFORMATION**

**Population of area served:**

**What is your CAC’s organizational structure? (Check one)**

Child Protective Services/Government Based CAC

Hospital Based CAC

Prosecution/ Government Based CAC

Law Enforcement/ Government Based CAC

Independent Non-profit 501(c)(3)

Program under umbrella of a larger non-profit 501(c)(3)

Other (please specify)

Our CAC annual budget is:

Note: If you are part of an umbrella organization such as hospital, county, etc. please, enter the budget specific to your CAC only.

**APPLICATION VERIFICATION**

We, the undersigned designated legal representatives of the Host CAC and the Satellite Agency, affirm that the information contained and represented in this National Children’s Alliance Application for Satellite Membership is a true representation of the operations and programming of this Children’s Advocacy Center and its multidisciplinary team. We understand that any misrepresentations may result in a denial of membership or a revocation of said membership if discovered after it has been awarded.

**Authorized Host Agency Representative:**

**Host Agency Board President:**

**Satellite Agency Authorized Representative:**

**Satellite Agency Advisory Board President (if applicable):**