

**BGCA Tracking:**

Record ID:

Global ID:

Date Rec’d:

Rec’d by:

**Internal Use Only:**

Unit (please check one):

\_\_\_ GEO, Region: \_\_\_\_\_

\_\_\_ Major Metro

\_X\_Native Services

\_\_\_ Emerging Markets

**NEW CORPORATION APPLICATION FOR MEMBERSHIP**

# IN

**BOYS & GIRLS CLUBS OF AMERICA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section A: Corporate Information | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name of Boys & Girls Club | | |  | | | | | | | | | | | | | | | | | | | |
| *Enter corporate name, as registered with appropriate state agency* | | | | | | | | | | | | | | | | | | | |
| 2.***Corporate Location* Address:** *(No P. O. Boxes allowed)* | | *Street* |  | | | | | | | | | | | | | | | | | | | |
| *City, State Zip* |  | | | | | | | | | | | | | | | | | | | |
| 2a. ***County Info:*** | | *County* |  | | | | | | | | | | | | | | | | | | | |
| 3**. *Corporate Mailing* Address:***(if different from Location Address above)* | | *Street or P. O. Box:* |  | | | | | | | | | | | | | | | | | | | |
| *City, State Zip* |  | | | | | | | | | | | | | | | | | | | |
| 4. **Corporate *Shipping* Address:** *(Physical location for receipt of FedEx, UPS, etc.)* | | *Shipping Address* |  | | | | | | | | | | | | | | | | | | | |
| *City, State Zip* |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| 5. Phone: | | |  | | | | | | | | 6. Fax: | |  | | | | | | | | | |
| 7. Website (URL): | | |  | | | 7a. Organization e-mail: | | | | | | | | | | | | | | | | |
| 8. Is the organization incorporated?  ***(Attach Articles of Incorporation, constitution, and bylaws)*** | | | | Yes | No | | | | Date of Incorporation: | | | | |  | | | | | | | | |
| 9. Is it a separate and independent organization? | | | | | Yes | | | No | | | | | | | | | | | | | | |
| 10. If not, under whose auspices is it operated? | | | | | | | | |  | | | | | | | | | | | | | |
| 11. What is the governing body called? | | | | | | | | |  | | | | | | | | | | | | | |
| 12. Who elects or selects the members of the governing body? | | | | | | | | |  | | | | | | | | | | | | | |
| 13. Does this body have the controls outlined in the Requirements of Membership of BGCA? | | | | | | | | | | | | | | | | Yes | | | | No | | |
| 14. How often does this board or governing body meet?  **(*Attach a list of the members of the Board of Directors or***  ***governing body with their business affiliation and contact information)*** | | | | | | | | |  | | | | | | | | | | | | | |
| 15. Is Boys & Girls Clubs of America named as an additional insured on the organization’s primary liability insurance policy?  ***(Attach certificate of liability insurance naming BGCA as an additional insured)*** | | | | | | | | | | | | | | | | Yes | | | | | No | |
| 16. Has the IRS declared the organization a charitable organization?  ***(Attach the 501(c)(3) Letter of Determination)*** | | | | | | | | | | | | | | | | Yes | | | | | No | |
| **Section A1: Other Membership Requirements** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does the Boys & Girls Club, or will it, maintain its financial records in accordance with generally accepted accounting principles for non-profit organizations. | | | | | | | | | | | | | | | | Yes | | | No | | | |
| 2. Does or will the organization display on the building the official Boys & Girls Clubs Service Mark and adhere to BGCA’s graphic standards with the understanding that any previous rights to the name or mark are merged herein and use of the name or mark is contingent upon good standing? Information concerning the service mark and the publicity materials that you will need is provided on the Boys & Girls Club Marketing Web site at <http://marketing.bgca.org>. | | | | | | | | | | | | | | | | Yes | | | No | | | |
| 3. Will the organization complete an annual report form each year and submit it to Boys & Girls Clubs of America headquarters by the required date? | | | | | | | | | | | | | | | | Yes | | | No | | | |
| 4. Will the organization pay annual national dues consistent with the formula established by Boys & Girls Clubs of America? | | | | | | | | | | | | | | | | Yes | | | No | | | |
| Section B: Chief Executive Officer Information (attach copy of Chief Executive Officer’s resume) | | | | | | | | | | | | | | | | | | | | | | |
| 1. Chief Executive Officer: Mr. Ms. Name: Date started in this position: / / | | | | | | | | | | | | | | | | | | | | | | |
| 2. From Inside or Outside of the Movement? Date started in the Movement: / / | | | | | | | | | | | | | | | | | | | | | | |
| 3. Street Address: | | | | | | | | | | | | | | | | | | | | | | |
| 4. City: State: Zip: | | | | | | | | | | | | | | | | | | | | | | |
| 5. Phone Number: Cell Number: Fax Number: | | | | | | | | | | | | | | | | | | | | | | |
| 6. Email: | | | | | | | | | | | | | | | | | | | | | | |
| 7. Date of Birth: / / Ethnicity: | | | | | | | | | | | | | | | | | | | | | | |
| ***B1: Other Boys & Girls Club Staff (do not include unit/extension staff)*** | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | **Title** | | | | | | | | | **Annual Salary** | | | **Full-time** | | | | | | | **Part-time** |
| 1 | | |  | | | | | | | | |  | | |  | | | | | | |  |
| 2 | | |  | | | | | | | | |  | | |  | | | | | | |  |
| 3 | | |  | | | | | | | | |  | | |  | | | | | | |  |
| Section C: Board Chair Information | | | | | | | | | | | | | | | | | | | | | | |
| 1. Board Chair: Mr. Ms. Name: Date started in this position: / / | | | | | | | | | | | | | | | | | | | | | | |
| 2. From Inside or Outside of the Movement? Date started in the Movement: / / | | | | | | | | | | | | | | | | | | | | | | |  |
| 3. Street Address | | | | | | | | | | | | | | | | | | | | | | |  |
| 4. City: State: Zip: | | | | | | | | | | | | | | | | | | | | | | |  |
| 5. Phone Number Cell Number: Fax Number: | | | | | | | | | | | | | | | | | | | | | | |  |
| 6. Email: | | | | | | | | | | | | | | | | | | | | | | |  |
| 7. Date of Birth: / / Ethnicity:: | | | | | | | | | | | | | | | | | | | | | | |  |
| Section D: Minimum and Essential Benefits | | | | | | | | | | | | | | | | | | | | | | |
| **1. Retirement Program** | | | | | | | | | | | | | | | | | | | | | | |
| Does your organization make a retirement program (qualified under IRS regulations) available to your full-time employees? | | | | | | | | | | | | Yes | | | | | No | | | | | |
| Is your organization paying at least 50% of the cost of this benefit for your full-time employees? | | | | | | | | | | | | Yes | | | | | No | | | | | |
| **2. Basic Health & Surgical Coverage** | | | | | | | | | | | | | | | | | | | | | | |
| Does your organization make Comprehensive Major Medical Coverage available to your full-time employees? | | | | | | | | | | | | Yes | | | | | No | | | | | |
| For the full-time employees who participate in this coverage, is your organization paying at least 50% of the cost of this benefit? | | | | | | | | | | | | Yes | | | | | No | | | | | |
| **3. Group Life Insurance** | | | | | | | | | | | | | | | | | | | | | | |
| Does your organization make Group Life Insurance available to your full-time employees? | | | | | | | | | | | | Yes | | | | | No | | | | | |
| For the full-time employees who participate in this coverage, is your organization paying at least 50% of the cost of the benefit? | | | | | | | | | | | | Yes | | | | | No | | | | | |
| **4. Salary Continuance/Disability Coverage** | | | | | | | | | | | | | | | | | | | | | | |
| Does your organization make a Long-Term Disability Plan available to your full-time employees? | | | | | | | | | | | | Yes | | | | | No | | | | | |
| For the full-time employees who participate in this coverage, is your organization paying at least 50% of the cost of this benefit? | | | | | | | | | | | | Yes | | | | | No | | | | | |
| **Section E: Financials (attach copy of itemized budget for first operating year)** | | | | | | | | | | | | | | | | | | | | | | |
| What is the organization's fiscal year? \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Projected Income | | | | | | | | | | | | | | | | | | | | | | |
| Contributions from Individuals | | | | | | | | | | | | | | | | | | $ | | | | |
| Contributions from Corporations | | | | | | | | | | | | | | | | | | $ | | | | |
| Contributions from Foundations and Trusts | | | | | | | | | | | | | | | | | | $ | | | | |
| Government Income (Federal, State, Local) | | | | | | | | | | | | | | | | | | $ | | | | |
| Bequests and other Charitable Trust Distributions Received | | | | | | | | | | | | | | | | | | $ | | | | |
| Investment Income | | | | | | | | | | | | | | | | | | $ | | | | |
| Special Events (net after expenses) | | | | | | | | | | | | | | | | | | $ | | | | |
| Dues from Members | | | | | | | | | | | | | | | | | | $ | | | | |
| Camp Fees | | | | | | | | | | | | | | | | | | $ | | | | |
| Income from United Way | | | | | | | | | | | | | | | | | | $ | | | | |
| Other income (specify): | | | | | | | | | | | | | | | | | | $ | | | | |
| **Grand Total of Income:** | | | | | | | | | | | | | | | | | | $ | | | | |
| Projected Expenses | | | | | | | | | | | | | | | | | | | | | | |
| **Grand Total of Expenses:** | | | | | | | | | | | | | | | | | | $ | | | | |
| **Section F: Contact Person for any Questions about this Application** | | | | | | | | | | | | | | | | | |  | | | | |
| Name: |  | | | | | | ­­Phone: | | |  | | | | | | | | | | | | |
| Title: |  | | | | | | ­­­Email Address: | | |  | | | | | | | | | | | | |

###### ATTACHMENTS

The following attachments are required with this application. Check, if attached:

* Copy of article of incorporation from appropriate state government office
* Standards of Organizational Effectiveness (SOE) Rating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Copy of letter of determination of 501(c)(3) status by I.R.S
* Copy of constitution and bylaws
* List of board members with contact information and business affiliation
* Certificate of liability insurance coverage naming BGCA as an additional insured
* Chief Executive Officer’s resume
* Copy of present year itemized budget for organization
* Charter Application for New Unit or New Extension

In accordance with the authority given by (governing body), the undersigned applies for membership of the (organization name) in Boys & Girls Clubs of America (BGCA) and agrees that, if membership is granted, the organization will comply fully with all existing and ongoing membership requirements and operating standards of BGCA.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Board Chair Signature | | |  | Date | | |
| PRINT Name | | | | | | |
| For BGCA Use Only | | | | | | | |
| Recommendation for Membership  The fulfills the conditions prescribed by Article II, Eligibility for Membership, of the  Boys & Girls Clubs of America’s Requirement for Membership. This application is complete and the required attachments are included.  I hereby recommend acceptance for membership. | | | | | | | |
|  | | |  | | |  |  |
| Director, Organizational Development | | |  | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vice President, Native Services | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| National Vice President, POLD | | |  | Date |
| Remarks (if any): | | | | | | | |
| Approved for Membership: | |  | | | | | |
|  | | Senior Vice President, Field Services | | | | | |
| Approved for Membership: | |  | | | | | |
|  | | Chief Operations Officer | | | | | |
| Effective Date of Membership: | |  | | | | | |
| Global ID: | |  | | | | | |