



Tulare County Child Abuse Prevention Council

2022-2023 Council Membership Application

Applicant Name _____ Title _____

Application Status (please check one)	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
Affiliation (please check one)	<input type="checkbox"/> Individual	<input type="checkbox"/> Agency

Agency/Individual Name _____

Website of Agency _____

Agency/Individual Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ Fax _____

Email _____

Membership on Other Boards/Commissions _____

In applying for an Organizational membership I have authority, as granted by _____ (name & title) to represent (select one):

- ◇ Child Welfare Service ◇ Probation ◇ Medical Services
- ◇ Office of the District Attorney ◇ Courts ◇ Public/and or Private Schools
- ◇ Law Enforcement ◇ Coroner ◇ Community Based Social Service
- ◇ Stakeholders ◇ Licensing Agency ◇ Other _____

If applying for an organizational membership, check all funding sources that your organization receives:

CAPIT CBCAP CBCAP CTF FFPSA PSSF

CAPC Members are expected to serve on at least one committee. Please select which committee(s) you will serve :

Education/Training Outreach The Lisa Project Marketing/Social Media CLM Conference

As a member of CAPC, I understand that I may not have more than three unexcused absences per calendar year to maintain membership & I agree to participate by representing myself or agency in the Council's activities and decisions, as stated in the Council By-Laws : "A Council Member must show involvement in and support from the organizations, agencies, and constituencies they represent & be willing to be a liaison between them and the Council.

Signature _____ Date _____