



Agency Application for Membership

Please fill out this application completely and mail or fax back with payment to:
11240 Waples Mill Road Suite 200 Fairfax, Virginia 22030 or fax it to (703) 359-7562.
Contact the AIRS office at (703) 218-AIRS (2477) if you have questions.

Organization Name: _____

Executive Director or Primary Contact: _____
(This will be the primary contact for all of AIRS business, e.g., membership renewal notices, annual report, etc.)

Street Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country _____

Mailing Address (If different from above): _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Telephone: _____ E-mail address _____
(Will be the email that all electronic communications from AIRS will be sent to, e.g. newsletter.)

Fax: _____ Web Site Address: _____

Please choose your level of membership by checking the appropriate box below.
For a worksheet to assist you in calculating the optimal membership level for your organization, please visit the AIRS website at www.airs.org and look for the latest news column on the homepage. *Each year you will be able to re-evaluate your needs to decide which level is best for you.*

- **BASIC MEMBERSHIP**
Membership Benefits
 - Voting Privileges
 - AIRS Newsletter
 - Affiliate Membership Benefits
- **STANDARD MEMBERSHIP**
Membership Benefits
 - Voting Privileges
 - AIRS Newsletter
 - Affiliate Membership Benefits
 - AIRS Journal
 - I&R Toolkit
 - 5% Discount on Products

- **ENHANCED MEMBERSHIP**
Membership Benefits
 - Voting Privileges
 - AIRS Newsletter
 - Affiliate Membership Benefits
 - AIRS Journal
 - I&R Toolkit
 - ABCs of I&R
 - 10% Discount on Products
- **PREMIUM MEMBERSHIP**
Membership Benefits
 - Voting Privileges
 - AIRS Newsletter
 - Affiliate Membership Benefits
 - AIRS Journal
 - I&R Toolkit
 - ABCs of I&R
 - 15% Discount on Products

See next page for membership fees and payment options

Membership Categories & Fees:

Month Joined	Basic Membership	Standard Membership for agencies < \$75,000	Standard Membership for agencies > \$75,000	Enhanced Membership	Premium Membership
January	\$50.00	\$250.00	\$350	\$500.00	\$750.00
February	\$50.00	\$250.00	\$350	\$500.00	\$750.00
March	\$50.00	\$250.00	\$350	\$500.00	\$750.00
April	\$50.00	\$250.00	\$350	\$500.00	\$750.00
May	\$50.00	\$250.00	\$350	\$500.00	\$750.00
June	\$50.00	\$250.00	\$350	\$500.00	\$750.00
July	\$37.50	\$187.50	\$262.50	\$375.00	\$562.50
August	\$37.50	\$187.50	\$262.50	\$375.00	\$562.50
September	\$37.50	\$187.50	\$262.50	\$375.00	\$562.50
*October	\$62.50	\$312.50	\$437.50	\$625.00	\$937.50
*November	\$62.50	\$312.50	\$437.50	\$625.00	\$937.50
*December	\$62.50	\$312.50	\$437.50	\$625.00	\$937.50

*Membership fee covers rest of current year and all of the following year.

Payment Information:

Amount Enclosed: \$ _____ Payment: ? Check enclosed (Payable to AIRS)

? Purchase Order # _____

For Credit Card Payment: ? Visa ? MasterCard ? Amex

Account Number: _____

Name (as it appears on card)

Expiration Date: _____ Signature: _____

Billing Address, If Different from Above: (please include Street Address, City, State and Zip)

Type of Organization:

<input type="checkbox"/>	United Way	<input type="checkbox"/>	Independent I&R	<input type="checkbox"/>	Crisis Center	<input type="checkbox"/>	State government
<input type="checkbox"/>	Area Agency on Aging	<input type="checkbox"/>	Military	<input type="checkbox"/>	Public Library	<input type="checkbox"/>	Federal government
<input type="checkbox"/>	Community Council	<input type="checkbox"/>	Volunteer Center	<input type="checkbox"/>	Local government	<input type="checkbox"/>	For-Profit
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other _____

Service Delivery Information

Geographic Area Served: (Chose one category that best describes the service area.)

<input type="checkbox"/>	State/Province	<input type="checkbox"/>	Single County: List County	_____
<input type="checkbox"/>	City/Town	<input type="checkbox"/>	Multi-County: List of Counties	_____

Total Annual Inquiries/Contacts:

2005: _____

Business Hours:

<input type="checkbox"/>	Standard Business Hours Monday - Friday (8:00-8:30 AM to 5:00-5:30 PM)
<input type="checkbox"/>	Extended Evening Hours/No Weekends
<input type="checkbox"/>	Extended Evening Hours/Including Weekends
<input type="checkbox"/>	24 Hours /7 Days

Number of I&R Staff:

<input type="checkbox"/>	Full-Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Volunteers
<input type="checkbox"/>	1-10	<input type="checkbox"/>	1-10	<input type="checkbox"/>	1-10
<input type="checkbox"/>	11-25	<input type="checkbox"/>	11-25	<input type="checkbox"/>	11-25
<input type="checkbox"/>	25-50	<input type="checkbox"/>	25-50	<input type="checkbox"/>	25-50
<input type="checkbox"/>	51-75	<input type="checkbox"/>	51-75	<input type="checkbox"/>	51-75
<input type="checkbox"/>	over 75	<input type="checkbox"/>	over 75	<input type="checkbox"/>	over 75

Type of I&R Program (Mark the one that best describes the overall program)

<input type="checkbox"/>	Comprehensive	<input type="checkbox"/>	Aging	<input type="checkbox"/>	Child Care RR	<input type="checkbox"/>	311
<input type="checkbox"/>	Crisis	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Library	<input type="checkbox"/>	Other_____
<input type="checkbox"/>	Comp/Crisis	<input type="checkbox"/>	Military	<input type="checkbox"/>	2-1-1 Center	<input type="checkbox"/>	

Scope of Operations: (Mark all that apply)

<input type="checkbox"/>	Addictions	<input type="checkbox"/>	Corporate Employees	<input type="checkbox"/>	Library
<input type="checkbox"/>	Adults with Disabilities	<input type="checkbox"/>	Crisis Hotline	<input type="checkbox"/>	Literacy
<input type="checkbox"/>	Ages 60+ and Their Care	<input type="checkbox"/>	Crisis Intervention	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Ages 65+ and Their Care	<input type="checkbox"/>	Disability I&R	<input type="checkbox"/>	Military Family Services
<input type="checkbox"/>	AIDS/HIV	<input type="checkbox"/>	Energy Assistance	<input type="checkbox"/>	Pregnancy/Parenting
<input type="checkbox"/>	Basic Needs	<input type="checkbox"/>	Ethnic Concerns	<input type="checkbox"/>	Special Education
<input type="checkbox"/>	Bisexual/Transgender	<input type="checkbox"/>	Financial Services	<input type="checkbox"/>	Support Groups
<input type="checkbox"/>	Caregivers	<input type="checkbox"/>	Gay-Lesbian	<input type="checkbox"/>	Teen Line
<input type="checkbox"/>	Casemanagement	<input type="checkbox"/>	General Community	<input type="checkbox"/>	Victims of Crime
<input type="checkbox"/>	Child Care R&R	<input type="checkbox"/>	Government Services	<input type="checkbox"/>	Women
<input type="checkbox"/>	Children	<input type="checkbox"/>	Health	<input type="checkbox"/>	Young Adults
<input type="checkbox"/>	Children with Special Health Needs	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Youth
<input type="checkbox"/>		<input type="checkbox"/>	Jewish	<input type="checkbox"/>	

What classification system/taxonomy do you use?

<input type="checkbox"/>	AIRS/INFO LINE Taxonomy of Human Services	<input type="checkbox"/>	Keyword
<input type="checkbox"/>	UWASIS or Modified UWASIS	<input type="checkbox"/>	I&R Thesaurus of the Association of Community Information Centres of Ontario
<input type="checkbox"/>	In-House Developed Taxonomy	<input type="checkbox"/>	Other Taxonomy_____

Financial Information

Annual I&R Budget:

<input type="checkbox"/>	Less than \$50,000	<input type="checkbox"/>	\$100,001 to 500,000	<input type="checkbox"/>	\$1,000,000 – 2,000,000
<input type="checkbox"/>	\$50,001 to 100,000	<input type="checkbox"/>	\$500,001 to 1,000,000	<input type="checkbox"/>	Over \$2,000,000
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	\$_____

2-1-1 Information

Check the Description that best Fits Your 2-1-1 Planning:

<input type="checkbox"/>	I&R is a 2-1-1 Center	<input type="checkbox"/>	Our community is not planning for 2-1-1
<input type="checkbox"/>	I&R will be the community's 2-1-1 Center	<input type="checkbox"/>	Don't know the status of 2-1-1 in our community.
<input type="checkbox"/>	I&R is participating in 2-1-1 planning, will not be a center	<input type="checkbox"/>	

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Thank you for joining AIRS!
Please look for your membership packet to arrive in the mail approximately two weeks after your application is received at the AIRS National office.