

# CHARACTER COUNTS! COALITION MEMBERSHIP APPLICATION

### PRIMARY CONTACT

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Contact Person & Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
E-mail Website

### BILLING CONTACT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
E-mail

### ORGANIZATIONAL DEMOGRAPHICS

Is your group a 501(c)3 nonprofit?  Yes  No

My organization is a(n):

<input type="checkbox"/> Individual school	<input type="checkbox"/> School district	<input type="checkbox"/> Other
Number of full-time staff: _____	Number of schools in the district: _____	Number of full-time staff: _____
Number of students: _____	Number of students in the district: _____	Number of youth served: _____

### HOW DID YOU HEAR ABOUT CHARACTER COUNTS! AND THE COALITION?

<input type="checkbox"/> CC! website	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> E-mail	<input type="checkbox"/> Advertisement (Where?) _____
<input type="checkbox"/> Mailing	<input type="checkbox"/> Conference (Which one?) _____
<input type="checkbox"/> Other (Please explain) _____	

### PAYMENT INFORMATION

The Coalition membership period is for one year.  
Renewal is on an annual basis.  
We are joining the CC! Coalition as a(n)

Individual school. Enclosed is payment of \$200.

School district. Enclosed is payment for \$1,000.

Other (community, youth-service org., business, other).  
Enclosed is payment for \$200 / \$600 / \$1,000 (circle one).

\*The membership dues for "Other" organizations are based on your annual budget. Please use the chart below to determine your dues.





Annual Budget	Membership Dues
Less than \$1 million	\$200
\$1 million – \$5 million	\$600
More than \$5 million	\$1,000

### PAYMENT METHOD:

Purchase Order  
Please mail or fax an official purchase order from your institution along with this application.

Check Enclosed  
Please make payable to "Josephson Institute."  
Please send this completed application with check, purchase order, or credit-card authorization.

Mail to Josephson Institute, Attn: Membership  
9841 Airport Blvd., Suite 300  
Los Angeles, CA 90045


      

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Expiration Date Billing ZIP

\_\_\_\_\_  
Signature (required) Date

Fax to 310-846-4858.  
Any questions, please call 800-711-2670  
or email [cc@jiethics.org](mailto:cc@jiethics.org).



**JOSEPHSON INSTITUTE**  
Center for Youth Ethics