

Community Action Team
CHILD & FAMILY DEVELOPMENT PROGRAMS
Policy Council Membership Credential

Name

Center Represented

TYPE OF MEMBERSHIP *(mark one below)*

- Parent Representative
- Parent Alternate
- Community Representative

I, _____, certify that I am not employed as a permanent employee by Child & Family Development Programs, nor am I related by blood or marriage to an employee.

Signature

Address

Phone Number

Email Address

Date