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| ARCCA Regional Collaborative Member Application |

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| Organization Information and Interest |
| name of collaborative |
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| Date of formation |
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| Describe the defined regional scale (boundary) of your collaborative |
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| Describe the leadership structure that will permit decision-making amongst stakeholders in your collaborative  |
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| Describe the process you will use to elect and rotate ARCCA representatives |
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| please Explain why your collaborative wants to join ARCCA |
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| discuss what your collaborative hopes to gain from ARCCA membership |
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| Discuss what your collaborative hopes to share with arcca |
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| member responsibilities |
| [ ]  We have read and agree to support and promote ARCCA’s mission and values.[ ]  We agree to represent ARCCA to other organizations, regional collaboratives, and local stakeholders, improving ARCCA’s ability to understand needs, foster dialogue, and build and maintain relationships.[ ]  We agree to represent our region to ARCCA leadership by keeping abreast of major activities, understanding major trends and issues, fostering partnerships, and recommending integrated solutions to advance ARCCA’s mission.[ ]  We agree to, when requested, keep confidential or non-attributable (as appropriate) any disclosed information, conversations, or resources, to allow review of early drafts of documents and frank discussion of programs and projects.[ ]  We understand that although ARCCA member regional collaboratives are not expected to pay annual dues, that we will be asked to provide in-kind support when hosting an ARCCA quarterly in-person member meeting (rotates between regions) and to provide introductions to potential funders to ensure the sustainability of ARCCA’s operations.  |

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| contact information |
| Voting Member #1 (ARCCA Executive Committee Representative) |
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| Name |  |
| Title |  |
| Organization |  |
| Role in Collaborative (if any) |  |
| Email Address |  |
| Phone Number |  |

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| Voting Member #2 (ARCCA Executive Committee Alternate) |
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| Name |  |
| Title |  |
| Organization |  |
| Role in Collaborative (if any) |  |
| Email Address |  |
| Phone Number |  |

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| VOTING MEMBER #3 |
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| Name |  |
| Title |  |
| Organization |  |
| Role in Collaborative (if any) |  |
| Email Address |  |
| Phone Number |  |

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| VOTING MEMBER #4 |
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| Name |  |
| Title |  |
| Organization |  |
| Role in Collaborative (if any) |  |
| Email Address |  |
| Phone Number |  |

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