

ARCCA Regional Collaborative Member Application

ORGANIZATION INFORMATION AND INTEREST

NAME OF COLLABORATIVE

DATE OF FORMATION

DESCRIBE THE DEFINED REGIONAL SCALE (BOUNDARY) OF YOUR COLLABORATIVE

DESCRIBE THE LEADERSHIP STRUCTURE THAT WILL PERMIT DECISION-MAKING AMONGST STAKEHOLDERS IN YOUR COLLABORATIVE

DESCRIBE THE PROCESS YOU WILL USE TO ELECT AND ROTATE ARCCA REPRESENTATIVES

PLEASE EXPLAIN WHY YOUR COLLABORATIVE WANTS TO JOIN ARCCA

DISCUSS WHAT YOUR COLLABORATIVE HOPES TO GAIN FROM ARCCA MEMBERSHIP

DISCUSS WHAT YOUR COLLABORATIVE HOPES TO SHARE WITH ARCCA

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.

CONTACT INFORMATION

VOTING MEMBER #1 (ARCCA EXECUTIVE COMMITTEE REPRESENTATIVE)

Name

Title

Organization

Role in Collaborative (if any)

Email Address

Phone Number

VOTING MEMBER #2 (ARCCA EXECUTIVE COMMITTEE ALTERNATE)

Name

Title

Organization

Role in Collaborative (if any)

Email Address

Phone Number

VOTING MEMBER #3

Name

Title

Organization

Role in Collaborative (if any)

Email Address

Phone Number

VOTING MEMBER #4

Name

Title

Organization

Role in Collaborative (if any)

Email Address

Phone Number