



Letter of Commitment

By signing this letter of commitment to the *Expanded Learning Opportunities Network*, your organization is indicating its willing participation in the work and mission **for one year** to ensure every child in the Grand Rapids community has access to quality after school programs. You are also allowing the name of your organization to be listed publically as a partner organization in the ELO Network.

Membership Requirements:

- Commitment to the ELO vision, mission and goals
- Use of ELO Quality Standards of Care in after school programs
- Payment of annual membership fee
- Regular committee participation
- Annual Renewal of commitment to ELO Network (requires a signed letter of commitment)

Mission: To ensure that every child in the Greater Grand Rapids area has access to quality after school programs that are well-coordinated and use resources efficiently.

Vision: To ensure that every child in the Greater Grand Rapids area has access to quality after school programs that enhance their personal and academic success.

Goals: To implement a system of quality accountability to produce the best outcomes for children in after school programs, and ensure children have access to a full array of fun, enrichment and learning opportunities that prepare them for college, work and life.

By signing the organizational letter of commitment, your organization commits to contribute one annual fee.

With the full authority of _____ (organization) the signature below signifies the organization’s full support of the vision, mission, and goals of the ELO Network. Please identify staff to represent your organization at regularly scheduled meetings of the ELO Network and its committees.

Signature

Date

Print Name and Title



Membership Information & Fee

Name _____

Organization Name & Organization Director/CEO Name and Title _____

Mailing Address _____

City, State, Zip _____

Main Phone _____ Main Fax _____ Website _____

The following names are the delegated contact people for the following organization.

Name	Title	Email	Phone

DUES SCALE

Please select one.

Membership Type	Annual Dues
<input type="radio"/> Organizations	\$100
<input type="radio"/> Gold Level Membership Organization Member*	\$150
<input type="radio"/> Individual Member	\$25
<input type="radio"/> Gold Level Individual Member*	\$75

** Contributing members voluntarily contribute \$50 or more above their dues level in support of the ELO Network. They are recognized as Gold Contributors in all ELO Network promotional materials. Extra contributions are tax deductible.*

Payment Information

Check - *make check out to Our Community's Children*

Please mail checks to: Our Community's Children
Suite 921
300 Monroe NW
Grand Rapids, MI 49503

Invoice

Billing name and address _____

Credit Card MC Discover (a 2.5% fee will be added)

Card Number

Cardholder Name (print) Exp. Date

For more information contact:

Lynn Heemstra at Our Community's Children, lheemstr@grcity.us P: 456.4353, F: 456.4568