



## MEMBERSHIP FORM

Membership in the Chicago Jobs Council is open to organizations and individuals who support our mission of ensuring access to employment and career advancement opportunities for people in poverty. We pursue our mission through advocacy, research, public education and capacity-building initiatives focused on reforming public policies and influencing employment programs that impact disadvantaged job seekers and low-income families.

**MEMBER DIRECTORY INFORMATION** – We will publish the following in CJC’s on-line member directory.

<b>PRIMARY CONTACT:</b>	<b>TITLE:</b>
<b>DEPARTMENT/DIVISION:</b>	
<b>ORGANIZATION:</b>	
<b>ADDRESS:</b>	
<b>MAIN PHONE:</b>	<b>ALTERNATE PHONE:</b>
<b>EMAIL:</b>	<b>FAX:</b>
<b>WEBSITE:</b>	

**MY ORGANIZATION IS (PLEASE CHECK ALL THAT APPLY):**

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Institution<br><input type="checkbox"/> Advocacy Organization<br><input type="checkbox"/> Business (industry: _____)<br><input type="checkbox"/> Community/Economic Development Corporation<br><input type="checkbox"/> Consulting/Technical Assistance Provider<br><input type="checkbox"/> Direct Service Provider<br><input type="checkbox"/> Foundation/Funder<br><input type="checkbox"/> Government/Public Agency (please circle)<br>City County State Federal | <input type="checkbox"/> Intermediary/Collaborative Organization (please circle)<br>Labor Association Employer Association<br><br><input type="checkbox"/> Media<br><input type="checkbox"/> Independent Consultant<br>(type: _____)<br><input type="checkbox"/> Technical Assistance Provider<br><input type="checkbox"/> Research<br><input type="checkbox"/> Other _____ |
|--|---|

**MY ORGANIZATION OFFERS THE FOLLOWING SERVICES (PLEASE CHECK ALL THAT APPLY):**

- Adult Education/GED/Literacy
- Affordable Housing
- Employment and Training (type: \_\_\_\_\_)
- Legal Services
- Job Development/Placement
- Social Services/Case Management
- Other \_\_\_\_\_

**MY ORGANIZATION SERVES THE FOLLOWING POPULATIONS (PLEASE CHECK ALL THAT APPLY):**

- |  |   |
|--|---|
| <input type="checkbox"/> Dislocated Workers<br><input type="checkbox"/> Domestic Abuse Survivors<br><input type="checkbox"/> Ex-Offenders<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Immigrants<br><input type="checkbox"/> Non-Custodial Parents<br><input type="checkbox"/> People with Disabilities | <input type="checkbox"/> Substance Abusers<br><input type="checkbox"/> Supportive Housing Residents<br><input type="checkbox"/> TANF Participants<br><input type="checkbox"/> Youth (in-school)<br><input type="checkbox"/> Youth (out-of-school)<br><input type="checkbox"/> Other _____ |
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