



**MAT-SU AGENCY
PARTNERSHIP**

P.O. Box 876916
Wasilla, AK 99687-6916

MEMBERSHIP FORM

Due Annually at the beginning of the calendar year

PURPOSE:

The Mat-Su Agency Partnership (MAP) provides overall coordination and collaboration as a part of a community-wide integrated system of health, education, public safety and social services for persons living in the Matanuska-Susitna Borough.

MEMBERSHIP:

Membership is available to agencies and individuals.

- Agency membership is available to any organization providing health, education, public safety or social services to residents of Matanuska-Susitna Borough, including for-profit organizations; nonprofit organizations; government divisions and departments. Agency Members must agree to support the goals and act within the Bylaws of the Partnership. Agency Members in good standing shall be: (1) entitled to one vote per Agency Membership, (2) eligible for election as Partnership officers, and (3) able to request and receive formal letter(s) of support from the Partnership for funding or planned activities. Agency Member Dues are \$60 per year.

Application for membership will be accepted by the Partnership upon submission of completed membership form and membership dues. Members are in good standing if they have paid their dues and have a current signed Memorandum of Understanding.

APPLICATION:

Please complete the following and submit with membership dues to the above address.

Date: _____

Delegate: _____ **Alternate:** _____

Agency, Project or Program: _____

Mailing Address: _____

Daytime Telephone: _____ **Fax:** _____

Email: _____ **Website:** _____

Dues: \$60 Agency Member Enclosed: Yes No

Please provide a brief (2 sentence) narrative of your agency/program for inclusion in MAP new member packets:

Please choose industry or industries that best describes you:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Mental or Behavioral Health | <input type="checkbox"/> Justice | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Social Services: _____ | <input type="checkbox"/> Children Services: _____ | <input type="checkbox"/> Government |
| <input type="checkbox"/> Senior Services | <input type="checkbox"/> Education: _____ | <input type="checkbox"/> Funder |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Food | <input type="checkbox"/> Other: _____ |

MEMORANDUM OF AGREEMENT

This resolution of agreement among the following community representatives, members of the Mat-Su Agency Partnership, demonstrates a coordinated effort to maximize community resources and provide a seamless service delivery system to families in the Mat-Su Borough. Its purpose is to utilize the expertise of each agency and to assist one another with the provision of comprehensive services, drawing upon each agency's domain of service delivery. All agencies acknowledge mutual commitment to avoid duplication of services and to cooperate whenever possible and agree:

1. To support the goals and act within the bylaws of the Partnership.

Partnership Goals:

1. To serve as clearing house for up-to-date information regarding health, education and social services in the borough;
 2. To improve the coordination of services, reduce service duplication and increase efficient use of resources;
 3. To encourage partnerships between and among Partnership members, government, and other organizing entities, when such collaborations meet Partnership goals;
 4. To advocate, through public education, for equitable funding distribution to the Matanuska-Susitna Borough;
 5. To carry out planning and community needs assessment.
2. Agree to make referrals as appropriate, to receive referrals, to cooperate with each other in coordination of services, and to provide all necessary information for this purpose.
 3. Provide consultation, staff training, and education as requested among member agencies.
 4. Conference on an as needed basis within the limits of federal, state, and agency confidentiality regulations to discuss effectiveness and comprehension of services to families.
 5. Adhere to all federal, state, and agency regulations concerning confidentiality.
 6. Terminate this agreement upon written notice, or agreement will expire when current Partner membership expires.

Member Signature Printed Name Date

Partnership Chair Signature Printed Name Date