



*In Loving Memory of Michael Emme*  
 An outreach program of  
 LIGHT FOR LIFE FOUNDATION INT'L  
 PO Box 644, Westminster CO  
 80036-0644 • 303.429.3530  
 www.yellowribbon.org  
 ask4help@yellowribbon.org

**Your  
 membership  
 can help  
 save lives!**

**Please Check:**

**SUPPORTING Membership**

App Renew (Complete this page only)

- Student \$15...school name
- Senior (65+) \$15
- Individual \$25
- Family \$50
- Organizational \$100
- Patron \$250 (or higher)  
(And endowments, Legacies and Trusts) – a god send

**OPERATIONAL Membership\*\***

App Renew (MUST complete both pgs)

- Youth Club \$50
  - Program Site: Single site \$150, Multi site \$300
  - Chapter: Application \$150, Renewal \$\_\_\_\_\_\*
  - 501c3 Chapter App. \$750 Renewal \$\_\_\_\_\_\*
- \* Chapter Renewal Dues are based on operating budget:  
 \$0 - \$49,999...\$150,  
 \$50,000 - \$99,000...\$250

\*\* Operational Memberships will receive invoice for annual dues

**Please mail completed form to address above**

Credit card payments and purchase orders may be faxed to 303-426-4496. \*PO # must accompany renewal

**Thank you for your interest in the Yellow Ribbon Suicide Prevention Program®. We are a worldwide network dedicated to saving lives and being Yellow Ribbon LINKS!**

Your membership/renewal makes a financial contribution, and shows your commitment to suicide prevention. Yellow Ribbon depends on membership support to help us work toward removing the stigma associated with suicide. Together, the work and dedication of our Members, Groups, Sites, Chapters and affiliates to suicide prevention are making a difference, and lives are being saved. *We look forward to having you a part of our network.*

**Benefits of a SUPPORTING membership:**

- Discounts (15%) on YR merchandise and events.
- Notice of events, updates and program developments via the YRI\_Network listserve.

**Benefits of a OPERATIONAL membership:**

- *All of the Supporting Member benefits, plus*
- Discounts (20%) on YR merchandise and events.
- Right to use Yellow Ribbon Program and its materials for education and awareness.
- Chapter representative on the International Chapter Council.
- Listing (and linked) on the international website

Your membership helps us update records and have better standardization throughout Yellow Ribbon. *Your work is important to us so please join/renew today.*

If we can be of any assistance, please contact: 303-429-3530 or Becca@yellowribbon.org. Your certificate or membership card will be mailed.

**Please fill in all the spaces below**

Name & Degree: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Org.: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (W) \_\_\_ (C) \_\_\_ (H) \_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_ Birth date: *Student / Senior* \_\_\_\_\_

- Are you a suicide survivor? (Optional) \_\_\_Y \_\_\_N Who did you lose: \_\_\_\_\_
- Their relationship to you: \_\_\_\_\_ Their Date of Birth: \_\_\_\_\_ Their Anniversary Date: \_\_\_\_\_
- Would you like to be included in the YR Network listserve? \_\_\_Y \_\_\_N **Don't forget email address**
- What activities are you going to do? \_\_\_ Share YR Cards with: \_\_\_ friends \_\_\_ school \_\_\_ other \_\_\_\_\_  
 \_\_\_ Participate in YR Week, \_\_\_ Become a YR Presenter

**Payment:**

I am joining (or renewing) today: \_\_\_\_\_ \$ \_\_\_\_\_

I am also sending a donation: \_\_\_\_\_ \$ \_\_\_\_\_

I cannot join (or renew) today, please accept my donation of: \_\_\_\_\_ \$ \_\_\_\_\_

**Payment Method:** \_\_\_ Check \_\_\_ Visa \_\_\_ Master Card \_\_\_ AmExp \_\_\_ Discvr \_\_\_ P.O.# \_\_\_\_\_

TTT Workshop Participants receive 1-year individual complimentary membership. *Complete next line*

Workshop Location \_\_\_\_\_ Workshop Date \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

ZIP on card: \_\_\_\_\_ Signature for Card: \_\_\_\_\_

I agree to abide by the Policies, Mission & Licensing Standards of LFLI / YRISPP: • that the YR Card will not be changed, • to not create, produce, reproduce, alter or sell/resell any Program materials, merchandise or Trademarks without the written permission of YRISPP, • to use the Program, Program Trainings and Materials in their intended manner. • and if I am / we are an Operational Membership, to renew annually.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Over to complete OPERATIONAL applications / renewals)*

**CHAPTERS, PROGRAM SITES and YOUTH CLUBS (Operational Memberships complete this section)**

- Requested YR Chapter/Program Site/Club Name: \_\_\_\_\_  
(Example: YR Chapter of XYZ, XYZ City YR Chapter, XYZ High School YR Club, XYZ Church YR Club)
- What geographical area are you requesting to represent? \_\_\_\_\_  
(High School, City, County, Church, etc.)
- Contact information published in Yellow Ribbon publications and website... *Check appropriate:*  
 Chapter / Site / Club Name    \_\_\_ My name    \_\_\_ Phone: Wk \_\_\_ Hm \_\_\_ Cell \_\_\_,    Email \_\_\_ Website: \_\_\_  
    \_\_\_ Club Advisor name    \_\_\_ Advisor phone    \_\_\_ In Memory of: \_\_\_\_\_
- Youth members of chapter: would you like information on the YR International Youth Council?    \_\_\_ Y    \_\_\_ N
- Youth Club:
 

Primary Advisor ( <i>Required</i> ) Advisor Name: _____ Advisor Title: _____ Advisor Phone: _____ Advisor Email: _____	Secondary Advisor ( <i>Optional</i> ) Advisor Name: _____ Advisor Title: _____ Advisor Phone: _____ Advisor Email: _____
--	--

**MEMBERSHIP (Supporting: Student, Senior, Individual, Family, Organization or Patron)**

- Will receive 15% discount on merchandise and YR events.
- Will help YR make available its national programs in suicide prevention awareness campaigns, trainings/presentations
- Will allow you to access the YRI\_Network Listserve for news and announcements
- Will make you valuable member of a life-saving organization.

**YOUTH CLUBS: [Operational: School-based (single site) without tax-exempt status]**

- Will receive 20% discount on merchandise and YR events.
- Club is required to have 1 primary adult advisor from the school, church or org. where club is located.
- Clubs can raise funds (\$) for club activities.
- Primary Advisor is to be from the school, church or organization where club is located.
- Additional Advisor(s) may be either from school, organization or parent advisor.

**PROGRAM SITES: [Operational: Site-based without tax-exempt status]. Works within a site i.e. school, church**

- Will receive 20% discount on merchandise and YR events.
- Implement the leadership and gatekeeper training programs and Ask 4 Help!® presentations.
- If Program Site is associated with a YR chapter, chapter is responsible for submitting quarterly report for program site (program site will assist chapter in preparing report)
- Reports and dues must be current in order to renew membership
- Memberships are non-transferable – renewal must be previously licensed sites only.

**CHAPTERS: [Operational: Community-based without tax-exempt status]**

- Will receive 20% discount on merchandise and YR events.
- Chapters take leadership roles and help build and sustain program sites.
- Chapters help ensure replication, standardization and fidelity of the program.
- Requested chapter name and boundary/territory must be approved by Yellow Ribbon.
- Primary Signer of Application must be at least 18.
- Must have Youth on Chapter Board of Directors or Advisory Boards and they can be co-applicants.
- Local information on brochures, customized Ask 4 Help Cards may be obtained. Contact YRI for information.
- Chapters may accept donations, however, unless Chapter has a tax-exempt status, donations are not recognized for tax deduction benefits. It is important to let your supporters know if your chapter is not a tax-exempt organization.
- When chapter has surpassed \$25,000 a year operating budget, it is suggested that you become a 501 (c) (3) to allow your donors tax-exempt status for their donations. YR Int'l is an IRS recognized Coordinating 501 and can assist chapters to obtain tax-exempt through the YR group #. Contact office for more information.

Upon completion, signatures affixed and approval by Yellow Ribbon Suicide Prevention Program® of above named Chapter, Program Site or YR Club will be granted the Right to Use the Program as outlined in this Application / Renewal Form.

<b>LFLI/YR Office Use:</b>			
Date received: _____	By _____	Chapter operating budget included?    ___ Y    ___ N	
Application/Renewal Form completed / signed:    Y    N		Application/Renewal Approved:    Y    N	