

OPTION

Provisional Membership Application

Contact Information:

Program Name: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Director/Administrator Name: _____

Address (if different): _____

Email: _____

The program has been offering listening and spoken language services for _____ years.

Services/Programs Offered:

- Early Intervention (0-3 yrs) Home-Based
- Early Intervention (0-3 yrs) Classroom/Center-Based
- Preschool (3-5 yrs) Classroom
- Kindergarten Classroom
- Elementary Classroom (list grades _____)
- Clinic-Based Therapy
- Tele-Intervention/Telepractice
- Consultation
- Professional Development
- Other _____

Application Packet Checklist:

- Completed Provisional Membership Application
- A minimum of two letters of support from current Regular Members
- A minimum of two letters of support from families. One letter should be from a family currently served by the applying program and one letter should be from an alumni family
- Review of the OPTION Standards Document evidenced by it being co-signed by one of the supporting Regular Members and the applying program
- A copy of the applying program's mission statement
- Description of services being provided by the program
- A letter of verification confirming that the program's board or governing body supports membership in OPTION
- A signed letter of commitment to participate in the Listening and Spoken Language-Data Repository (LSL-DR)

Please scan/email the application to office.support@optionschools.org

**To maintain Provisional Membership and be considered for Regular Membership
Provisional Member Program must:**

- Be represented at the Annual Meeting at least two out of three meetings
- Have at least one representative actively serving on a committee two out of three years. Active participation is defined as being responsive to the Committee Chair's communication and participating in scheduled committee meetings.
- Pay assigned Provisional Member dues (50% of the Regular Member rate) in accordance with the established deadlines

I certify that all information included in this OPTION, Inc. membership application is true and accurate. As a representative of _____, I understand that our program will be billed for membership dues if this application is approved and Provisional membership privileges will not begin until dues are paid.

Name, Title (please print)

Date

Signature

Date

Office Use Only

Date Received: _____

Fwd to Executive Board: _____

Notes: