



STAAR Leaders of Rochester, Inc.

P.O. Box 20518, Rochester, NY 14602

www.staarleaders.net

Mission: A non-profit leadership organization committed to strengthening communities through training, support, and development of our youth.

MEMBERSHIP APPLICATION

MISSION STATEMENT

Standing **T**ogether **A**s **A**ssertive and **R**esourceful (**STAAR**) Leaders of Rochester, Inc. is a non-profit leadership organization committed to strengthening communities through training, support, and development of our youth.

VISION STATEMENT

STAAR Leaders establish programs that empower future leaders to learn critical thinking, leadership, and technology skills; as well as manage scholarship funds that support aspiring scholars within the community.

STAAR Leaders of Rochester, Inc. Membership Criteria

1. Must be currently or willing to be active in the community.
2. Must be committed to helping progress the mission and vision of STAAR Leaders of Rochester, Inc.
3. Must be committed to personal and professional development.
4. Must commit to attend 75% of regularly scheduled meetings.
5. Must provide three references one of which must be a member of STAAR Leaders of Rochester, Inc.
6. Ability to serve on a committee.
7. Attend 75% of STAAR functions.
8. Must commit to be a member in good standing (i.e. pay annual dues)¹.
9. Provide a statement of interest that outlines why the candidate wants to be part of STAAR Leaders of Rochester, Inc.
10. Complete and sign the Consent to Release Information section of this application.



MEMBERSHIP APPLICATION

NEW MEMBER

RENEWAL

Date: _____

Name: _____

CONTACT INFORMATION:

Street: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Employer: _____ Address: _____

REFERENCES FOR NEW MEMBERS: (One reference should be from a current member of STAAR Leaders of Rochester, Inc.)

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

DUES & FEES (January 1 – December 31): Please make your check payable to STAAR Leaders of Rochester, Inc.

ANNUAL FEES & DUES: \$120 (Non-Refundable) ¹

Application Fee (\$25) → (Donated to STAAR Leaders Scholarship Fund)

I am enclosing an additional donation to the STAAR Leaders of Rochester, Inc. Programs Fund. \$ _____

Mail this form along with your check or money order to: STAAR Leaders of Rochester, Inc., P.O. Box 20518, Rochester, NY 14602

Please check the committee(s) of interest:

Membership: Works on recruiting new STAAR Leaders members

Budget/Finance: Works with the Treasurer in monitoring/reporting STAAR Leaders finances

Bylaws/Policy and Procedures: Works on developing STAAR Leaders policies

Planning/Program: Works on proposing future STAAR Leaders programs

Strategic Planning: Works with leadership team on strategic direction of STAAR Leaders of Rochester

Scholarship: Works on STAAR Leaders Scholarship Program

OFFICIAL USE ONLY

Payment made by: _____ for _____ Amount: \$ _____

Date: _____

Treasurer



MEMBERSHIP APPLICATION

APPLICANT STATEMENT OF INTEREST (NEW MEMBERS): (Provide some background information (you may attach a resume) and a statement detailing why you want to join STAAR Leaders of Rochester, Inc.)

CONSENT TO RELEASE INFORMATION

I _____ consent to STAAR Leaders of Rochester, Inc as follows:

- Permission to use my profile and other pertinent information in print, broadcast, and electronic media as related to STAAR Leaders of Rochester, Inc. business and communications.

- Permission to use my "image or likeness" in print and electronic media as related to STAAR Leaders of Rochester, Inc. business and communications.

Signature: _____

Date: _____

Returned check policy:

Payments made by check to STAAR Leaders of Rochester, Inc. that are not honored by the bank will incur a returned check fee of \$50 or five percent (5%) of the check amount which ever is greater. The payment will be reversed from the appropriate account when a check is returned by the bank. Any returned check and fees not paid in full within 10 business days will be subject to additional court fees as required for associated collection cost.

A collection letter is sent to inform the account holder of the returned check and consequences if not paid within 10 business days. Payment may be mailed to Post Office Box 20518, Rochester, New York 14602 or made in person at the office headquarters to the treasurer.

Returned check reimbursement payments must be in the form of cash, cashier's check, certified check or money order.

STAAR Leaders of Rochester, Inc. will not accept checks as payment if two checks have been returned for insufficient funds.