

ROLDA Membership Application

Every question should be completely answered by authorized person for organization in blue or black ink.

1. Name: _____
Last *First* *Middle Initial*

Title: _____

2. Organization: _____

3. I was previously a member of ROLDA: YES NO If yes, when? _____

4. Please provide your organization's structure:

Corporation Other _____

5. Please provide a brief description of your organization's purposes and goals:

6. Has your organization or any worker (employed or volunteer) ever been investigated for or charged with child abuse, neglect, or any other related charge within the past five (5) years? Yes No

If yes, please explain when the investigation occurred, if there was a finding of abuse or neglect, and if it has been fully resolved. Use a separate sheet if necessary. Include copies of any court documents.

7. Has any type of legal action been threatened or brought against your organization within the last five (5) years? Yes No

If yes, please describe the threat, legal action, or contact (by whom and when). Include copies of correspondence, legal proceedings, etc.

8. By signing this application, I agree that all the information on this form, to the best of my knowledge, is true and accurate; and acknowledge that benefits of ROLDA membership are consultative only and do not constitute legal representation.

Signature _____ Date _____

Please submit the following along with your completed ROLDA membership application.

1. Constitution and Bylaws
2. Policies and procedures manual
3. Liability insurance policy
4. A check for whatever amount God leads your organization to pay for one year of membership.

The following is *informational only* yet reflects the reasonable costs for services offered based on the size of an organization. ROLDA sincerely wants your organization to find the Lord's leading concerning the services ROLDA offers.

	Initial	Renewal
Fewer than 250 members	\$500	\$375
251 - 500 members	\$750	\$600
1,001 - 2,000 members	\$1,000	\$750
2,001 - 5,000 members	\$2,000	\$1,750
5,001 - 10,000 members	\$3,500	\$2,500
10,000 or more members	\$5,000	\$3,500

SEND YOUR APPLICATION, REQUIRED ATTACHMENTS and ANY PAYMENT TO:

**ROLDA, 6100 WESTERN PLACE, SUITE 1000
FORT WORTH, TEXAS 76107
(817) 338-4900
(866) 59ROLDA toll-free**

We cannot accept faxed applications.