

**Criteria for Partner Institution Membership**

- Organization will help the Alliance advance its mission
- Organization will develop and participate in cross-cultural collaborations with Core Members
- Organization will bring project ideas and resources to the Alliance
- Organization will dedicate at least one staff member to work with and maintain regular communication with the Alliance
- Organization has an annual operating budget of \$1 million or higher

Note: The Membership Committee will take into consideration how the organization applying would help the Alliance achieve balance in ethnic representation, organizational capacity, and project opportunities.

If you have any questions contact the Membership Committee Co-Chairs:

Rosa Cabrera: [rcabrera@fieldmuseum.org](mailto:rcabrera@fieldmuseum.org)

Peg Strobel: [peg.strobel@sbcglobal.net](mailto:peg.strobel@sbcglobal.net)

Date of application: \_\_\_\_\_

Partner Institution organization name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**General Information**

1. How did you learn about the Alliance?

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2. Do you serve or seek to serve specific communities. If so, please list these.

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3. Briefly describe your organization.

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4. Please provide your mission statement.

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5. As described in the MOU, there is an expectation that your organization will be regularly represented at Alliance meetings. Who will be the primary liaison from your staff?

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6. How does your organization incorporate cultural diversity into its programs and services?

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7. Creating social change and public understanding of cultural diversity is the mission of the Alliance. Why are these goals important to your organization?

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8. What do you hope to accomplish by joining the Alliance?

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9. How do you see your organization working with and contributing to the Alliance and its Core Members?

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**For Membership Committee:**

Date of meeting with Membership Committee: \_\_\_\_\_

Membership Committee recommendation: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of recommendation to Board of Directors: \_\_\_\_\_

Board vote for membership: Yes \_\_\_\_\_ No \_\_\_\_\_

Date letter of acceptance and dues invoice were sent by Alliance: \_\_\_\_\_

Date signed MOU and check were received: MOU \_\_\_\_\_ Check \_\_\_\_\_