



GSA Network National Association Member Affiliation Agreement

What does this partnership really mean?

What are each of us accountable for?

GSA Network commits to:	Association Members commit to:
<ul style="list-style-type: none">● Training and Technical Assistance● Host Monthly National Association calls● Coordinate an annual National Gathering● Provide Access to GSA Network Database● Support Resource Mobilization to partner orgs	<ul style="list-style-type: none">● Support leadership of local LGBTQ+ youth of color● Participate in calls, regional and national gatherings● Support local clubs registering with the national network● Actively work w/ local GSA youth leaders● Dedicate staff or volunteer time to GSA organizing
Shared Commitments:	
<ul style="list-style-type: none">● Shape GSA Network's overall strategy in schools and communities● Strengthen state and regional GSA Networks● Define and develop national campaigns● Develop New Curriculum● Support development of national youth leadership	



GSA Network National Association

Member Affiliation Agreement

Principles of our Movement

What values guide our work?

What must we align on to do generative work together?

The NAGN agree to the following principles:

Racial Justice

White supremacy culture is pervasive and often covert. We must have a critical analysis of how political, cultural, and social structures within dominant culture uphold white supremacy. We must develop and commit to strategies that challenge these structures.

Some of the change we seek includes:

- The abolition of police, prisons and school-to-prison pipeline
- The end of state-sanctioned violence against BIPOC and TQ2S+ people
- Active support for the leadership development of TQ2S+ youth of color
- Access to culturally relevant and accurate education for all TQ2S+ youth

Gender Justice

We also must have an intersectional analysis of how dominant culture props up patriarchy and a false sex and gender binary. Racial Justice and Gender Justice are deeply intertwined. We have to develop strategies to address how white supremacy impacts Gender Justice work.

Some of the change we seek includes:

- Freedom from gender-based violence
- Access to gender affirming care for people of all ages
- Youth-led, comprehensive and medically accurate sexual health and gender education
- School culture that supports youth of all genders in being free from all forms of discrimination



GSA Network National Association

Member Affiliation Agreement

Organization Name: _____

[Optional] Project/Program Name: _____

By signing below, I acknowledge as a representative of my organization, that my organization agrees to the membership criteria and requirements for the National Association of GSA Networks as outlined above.

- The dedicated staff member working with TQ2S+ youth organizing projects and the Executive Director or Board Member of the organization must sign this agreement.
- I understand that GSA Network will revoke user access to the National GSA Registry Database in the event of any changes to any user's employment or position within the organization. And that it is the responsibility of the organization's lead staff member, as defined below, to notify GSA Network of any such changes within one week to ensure the security and safety of the database.
- I understand that this Member Affiliation Agreement lasts up to 3 years but may be require renewal if organizational signers change.

Lead Staff Member
(Signature)

Date

GSA Network Staff
(Signature)

Date

Name:
Title:

Name:
Title:

Executive Director / Board
Member (Signature)

Date

Name:
Title:



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Please complete the following based on your organization

Organization Name (listed on website): _____

Website (listed on website): _____

Mailing Address: _____

Social Media Account(s): _____

Phone Number: _____

CiviCRM Database User Access

All CiviCRM Database Users are required to sign Individual User Agreements prior to receiving login credentials. Signers may choose up to three users for their organization, including the Executive Director or Board Member, Lead Staff Person, and one additional staff member.

All existing users, not listed on this form, will be deactivated and their database access revoked. Individual User Agreements last up to one year.

Executive Director / Board Member (listed above)

☐ Check here if the listed Executive Director or Board Member will not need CiviCRM Access

Lead Staff Member (listed above)

☐ Check here if the listed Lead Staff Member will not need CiviCRM Access

[Optional] Additional staff Member:

Name: _____ Role/Title: _____

Email: _____



National Association of GSA Networks Database *Individual User Access Agreement*

As a member of the National Association of GSA Networks, GSA Network provides access to up to three (3) staff/board members to state-wide GSA Club Registrations. Access should only be given to staff/board who have an organizational need to access the contact information of those groups registering in their state.

By signing this form, I agree to adhere to privacy policies concerning the contacts and other information found in and from the GSA Registry database, for which I will be granted access. No contact information found in or from the GSA Registry database can be traded, sold, or provided to third parties. I also agree to never expose Personally identifiable information, or PII.

Personally identifiable information is any data that could potentially be used to identify a particular person. Examples include but are not limited to: full name, legal name, date of birth, demographic information, email/physical address and phone number.

I agree to never share my login information and that doing so would result in revocation of my access and potentially that of my organization.

This agreement will last one year and must be signed each year to ensure that we have the correct information for each user as well as maintain the security and integrity of our database.

Any changes to my employment or position within the organization I have listed, may result in loss of access to the database. To ensure a lasting agreement between our organizations, I understand that if I leave my position, for any reason, I will lose access to the database.

By signing, I understand that I must participate in a training prior to receiving database access.

Printed Full Name

Signature

Organization Name

Work Email

Role/Title

Date Signed

Approved by:

Date:

Trained by:

Date: