



2018 (Jan 1-Dec 31) Associate Membership Application

Company Name: _____

Principal: _____

Address: _____

Mailing Address and Suite Number of P.O. Box

City State Zip Code

Telephone: _____ **Fax:** _____

Email: _____ **Website:** _____

Summary of Business/Services Provided: _____

Associate Memberships are available for businesses and practitioners who seek to support the DC Coalition and develop opportunities with its members. All Associate memberships are for the term of the 2018 calendar year. Associate Memberships do not include Coalition voting rights.

Associate Membership Types:

Platinum (\$2,750.00)

- Designation as a Presenting Sponsor at one (1) of the DC Coalition’s two key events (DD Awareness Reception - March 2018 or Direct Support Conference – September 2018) including signage and company presence on event invitation and collateral materials;
- Company recognition and “clickable” logo present on home page of DC Coalition website throughout 2018 and website listing as an Associate member with email hyperlink;
- Full page ad in Direct Support Conference booklet;
- Vendor Display Table at Direct Support Conference;
- One (1) 15-minute presentation directed to DC Coalition provider members at a General Membership Meeting (Date to established upon Associate Member submission); and
- Contact list of DC Coalition members.

Gold (\$2,000.00)

- Half page ad in Direct Support Conference booklet;
- DC Coalition Website listing as an Associate Member with email hyperlink;
- Vendor Display Table at Direct Support Conference; and
- Contact list of DC Coalition members.

Silver (\$1,500.00)

- Quarter page ad in Direct Support Conference booklet;
- Vendor Display Table at Direct Support Conference;
- Website listing as an Associate member; and
- Contact list of DC Coalition members.

Bronze (\$1,000.00)

- Website listing as an Associate member; and
- Contact list of DC Coalition members.

Associate Membership Type: () Platinum
 (Check desired membership level) () Gold
 () Silver
 () Bronze

_____ **Amount Remitted:** _____
Signature, Title and Date

Please make checks payable to “DC Coalition of Disability Service Providers.” Return this completed form along with your dues payment within 30 days to:

Kathleen Bjerknes, DC Coalition Treasurer
 RCM of Washington
 64 New York Ave, NE, Suite 100,
 Washington, DC 20002

Feel free to contact Executive Director, Ian Paregol at 410-660-6641 or 202 780-9770 if you have any questions.

We look forward to your partnership in ensuring a successful 2018.