2018 (Jan 1-Dec 31) Provider Membership Application

(Please print all information)

Agency Name: _____

Executive Director: _____

Address: _____

Mailing Address and Suite Number of P.O. Box

_____

City **State** **Zip Code**

Telephone: _____ **Fax:** _____

Email: _____ **Website:** _____

Support Provided	# Served	Adults	Youth	Annual Budget
ICF				
CRF-Res Hab				
Supported Liv/Periodic				
Host Home/In Home				
Supported Employment				
RSA				
Day Services				
Educational Services				
Other_____				
Total				

Agency Status: ☐ Non Profit ☐ For Profit

Number of Staff: Full time _____ Part time _____

The DC Coalition maintains several e-mail list-serves for information exchange within our various committees. The information you provide below will help us to better inform you about important issues. Please provide the contact information for your key positions so they may receive important information.

Position	Name	Phone	Email
CEO/Exec Dir			
CFO/Dir of Finance			
Human Resources			
Res Program Leader			
Day Program Leader			
Organizational Designee for DC Coalition communication			

Please refer to the graph below for Calculating Membership Dues

Provider Agency Size	2018 Annual Dues
Agency Budget Less than $500,000	$810
Budget $500,001 to $999,999	$1,620
Budget $1 to $1.999 million	$2,605
Budget $2 to $2.999 million	$3,318
Budget $3 to $3.999 million	$4,658
Budget $4 to $4.999 million	$6,080
Budget $5 to $9.999 million	$8,650
Budget over $10 million	$11,145

Certification **I recognize that Coalition membership is based upon DC-based revenue for services provided. I hereby certify that the financial information accurately reflects the revenue for our agency for the purpose of calculating DC Coalition Membership Dues. (Certification must be completed by the Executive Director/President of the agency).**

_____ Amount Remitted: _____

Signature

_____ _____

Printed Name and Title 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 assisting your organization and those persons you support in pursuit of a successful 2018.