

Organization			
Primar	y Contact/Voting Member		
	City & Zip Code		
	Phone		
	Email		
1.	Is the agency nationally ac	credited? No Yes; by whom?	Renewal Date
2.	Is the Agency Certified by I	DBHDD? No Yes; Expiration/Renewal Date:	
3.	List services that the agency provides: Residential Day Prevoc SE SC Employment Case Management Other		
4.	Provide the following information about your organization: (provide an unduplicated number-if you provide more the service to an individual, only count the person once.)		
	> Total Number of Individuals Supported in IDD Services: (Waiver, GIA, & VR funding)		
	> Total Revenue for IDD Programs/Services (Waiver, GIA, & VR funding):		
	Total Number of Empl	byees in IDD Services:	
5.	SPADD membership year is July 1 through June 30. <b>Checks should be made payable to SPADD &amp; mailed with this membership agreement to:</b> SPADD Membership c/o Angela Easter – UCPGA 3300 NE Expressway, Bldg. 9 Atlanta, G.A. 30341		
6.	6. Please check the appropriate annual membership dues level:  New Provider less than 2 years in business and with less than \$500,000 in revenueAnnual Dues = \$ 350 Annual Gross Revenue = \$500,000 and under (\$500) Annual Gross Revenue = \$1,500,001 - \$4,000,000 (\$1,500) Annual Gross Revenue = over \$4,000,001 (\$2,000)		
	Supporter Membership	(\$250) (Cannot be a service provider)	ship (\$350)
	1 Year Provisional Non- national accreditation will mov	Voting Full Membership (\$350) (Can only be used during first year of the to full membership status.)	f operation. DBHDD certification or
	the above information is conwebsite and/or printed mate	rect and my signature authorizes SPADD to publicize the organiza erials	ation's membership on the
Print Name		Signature	Date
		other members of your staff to the SPADD email blast list: Please uld like to add. Please remember to also notify if any of these should like to add.	