



Table with 2 columns: Field Name (Organization, Primary Contact/Voting Member, Street, City & Zip Code, Phone, Email, Web site) and empty space for input.

- 1. Is the Agency nationally accredited? No Yes; by whom? Renewal Date
2. Is the Agency Certified by DBHDD? No Yes; Expiration/Renewal Date:
3. Indicate services that the agency provides: Residential CAG Prevoc CAI SE CLS Support Coordination State Funded Other
4. Provide the following information about your organization: (provide an unduplicated number-if you provide more than one 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 Employees providing IDD Services (Full Time Equivalents):

5. SPADD membership year is July 1 through June 30. Checks should be made payable to SPADD & mailed with this membership agreement to: SPADD Membership c/o Angela Easter - UCPGA 3300 NE Expressway, Bldg. 9 Atlanta, G.A. 30341

- 6. Please check the appropriate annual membership dues level:
New Provider less than 2 years in business and with less than \$500,000 in revenue...Annual Dues = \$ 350
Annual Gross Revenue = \$500,000 and under (\$500) Annual Gross Revenue = \$500,001 - \$1,500,000 (\$1,000)
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) Vendor Membership (\$350)
1 Year Provisional Non-Voting Full Membership (\$350) (Can only be used during first year of operation. DBHDD certification or national accreditation will move to full membership status.)

I attest the above information is correct and my signature authorizes SPADD to publicize the organization's membership on the SPADD website and/or printed materials

Print Name Signature Date

As a member agency you may add other members of your staff to the SPADD email blast list: Please list below any additional staff names and email addresses you would like to add. Please remember to also notify if any of these should be removed in the future.

Two horizontal lines for listing additional staff names and email addresses.