



Table with 2 columns and 6 rows: Organization, Primary Contact/Voting Member, Street, City & Zip Code, Phone, Email, Web site

- 1. Is the Agency nationally accredited?
2. Is the Agency Certified by DBHDD?
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: Total Number of Individuals Supported in IDD Services, Total Revenue for IDD Programs/Services, Total Number of Employees providing IDD Services
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 = \$400, Annual Gross Revenue = \$500,000 and under (\$625), Annual Gross Revenue = \$500,001 - \$1,500,000 (\$1,250), Annual Gross Revenue = \$1,500,001 - \$4,000,000 (\$1,875), Annual Gross Revenue = over \$4,000,001 (\$2,500), Supporter Membership (\$250) (Cannot be a service provider), Vendor Membership (\$400), 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 staff names and email addresses.