** Membership Form**

**FY 2022/2023**

|  |  |
| --- | --- |
| Organization |  |
| Primary Contact/Voting Member |  |
| Street, City & Zip Code |  |
| Phone |  |
| Email |  |
| Web site |  |

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 service/s that the agency provides: [ ]  Residential [ ]  CAG [ ]  Prevoc [ ]  CAI [ ]  SE [ ]  CLS

[ ]  Support Coordination [ ]  State Funded [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

1. 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):
1. 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**
2. Please check the appropriate annual membership dues level: **PAYMENT IS DUE 7/1/22 total revenue for this fiscal yr. (22 FY ending) for supports and service for those with IDD**

[ ]  New Provider less than 2 years in business and with less than $500,000 in revenue…Annual Dues = $475

[ ]  Annual Gross Revenue = $500,000 and under = $750 [ ]  Annual Gross Revenue = $500,001 - $1,500,000 = $1,500

[ ]  Annual Gross Revenue = $1,500,001 - $4,000,000 = $2,250 [ ]  Annual Gross Revenue = over $4,000,001 = $3,000

[ ]  Supporter Membership ($250) (Cannot be a service provider) [ ]  Vendor Membership ($500)

[ ]  Professional Alumni ($250)

[ ]  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.

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Rev.20.22