

7990 SW 117 Avenue • Suite 135 • Miami, FL 33183

Tel 305.596.1160 • Fax 305.596.6196

advocacynetwork.org

## **APPLICATION FOR AGENCY MEMBERSHIP**

AGENCY MEMBERSHIP CRITERIA: an organization, the primary purpose of which is the provision of services to individuals with disabilities.					
Full Name of Organization					
CEO/Executive Director/Owner		E-Mail Address			
Address	City	State	Zip		
Phone Number	Fax Number		Cellular Number		
In the absence of the Executive D	Director, who has a	authority to vote o	on behalf of the orga	nization?	
Briefly describe the mission or pu	irpose of your age	ncy or company:			
Is your Organization incorporated Is your Organization:	d? Yes Not-for-Pi	No rofit For	Profit		
Total number of paid staff: Total number of individuals serve % of individuals served with deve		ties:		_ _ _	
Annual Operating Budget:	\$				
Please attach the following: Brochure Cop	y of Certificate of l	Incorporation _	List of Board of D	rirectors	
Signature of Applicant		Title			
Print Name		Date			

**NO PAYMENT IS DUE AT THIS TIME**. Agency Membership dues are based on total revenues. Annual dues cover the period from October 1 – September 30. After January 1<sup>st</sup>, dues are prorated. We will notify you once the Board of Directors has voted to approve your membership.

Please mail application to 7990 SW 117 Avenue, Suite 135, Miami, FI 33183, or fax to 305-596-6196.



Formerly known as CCDH, Inc.

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## MEMBERSHIP DUES INVOICE ~ FEE SCHEDULE OCTOBER 1, 2018 – SEPTEMBER 30, 2019

Please remit payment in accordance with the following fee schedule. If you require an agency-specific invoice, please e-mail the amount to Josie Hagel at <a href="mailto:jhagel@advocacynetwork.com">jhagel@advocacynetwork.com</a> or call 305-596-1160 x227

Questions regarding membership, or to make payment arrangements, please contact Helene Good at <a href="mailto:hgood@advocacynetwork.org">hgood@advocacynetwork.org</a> or 305-596-1160 x256

ANNUAL REVENUES	ANNUAL DUES	
Individual Membership*	\$100	
Associate Membership**	\$375	
Under \$100,000	\$450	
\$100,000 - \$250,000	\$650	
\$250,000-\$500,000	\$750	
\$500,000 - \$1 Million	\$850	
\$1 Million - \$2 Million	\$1,000	
\$2 Million - \$4 Million	\$1,150	
\$4 Million - \$8 Million	\$1,300	
Greater than \$8 Million	\$1,700	

<sup>\*</sup>Individual Membership is available only to those with no affiliation to an organization that is otherwise eligible to join as an associate or regular member. \*\*Associate membership is available only to those organizations with a primary purpose of serving individuals OTHER THAN those who have intellectual and developmental disabilities.