



2010 IACP Agency Membership Form

An agency must first complete this application and be approved for membership by the IACP Board of Directors before the agency may participate as a member of the association.

Agency Name _____ County _____

Street Address _____

Mailing Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Agency Website _____

Primary Contact _____ Title: _____

E-mail Address _____

Secondary Contact _____ Title: _____

Additional Contact _____ Title: _____

Year the Agency was Founded/Incorporated _____

Accreditation/Licensure _____ Exp. Date _____

Number of Employees (*all locations*) _____

Total Annual Operating Budget (*most recent year*) _____

If your agency provides services in multiple locations in Iowa, please provide additional mailing addresses, the names of contact persons, and their email addresses on a separate sheet of paper.

Signature _____ Date _____

(Person completing the application)

Title _____ Phone _____

The Deadline for Dues is December 31, 2009

An agency applying for membership shall submit its application and full dues payment to the IACP office no later than December 31, 2009. Partial payment may be made according to the following schedule:

- ***December 31, 2009 – submit two-thirds of the full amount of 2010 dues***
- ***March 31, 2010 – submit the final one-third of 2010 dues***

Any agency with an outstanding balance or unpaid dues after April 1, 2010, will have all membership privileges suspended until such time as they have made arrangements for the full payment of dues.

Please indicate those counties in which you are currently providing services and the variety of services that are currently being provided by your agency:

Counties: _____

Vocational Services

- Supported Employment* *Day Habilitation*
 Pre- Vocational *Work Services*

Residential Services

- ICF* *Respite* *CHORE* *CSALA*
 RCF *Hourly SCL* *Daily SCL* *Residential Treatment*
 Habilitation *CDAC* *Shelter Service* *Day Habilitation*

Mental Health Related Services

- CMHC* *Remedial* *CSS* *Substance Abuse Treatment*
 Habilitation *Psychiatry* *IPR* *EAP* *PACE*
 ACT *Case Mgmt.* *SCL* *Homeless Outreach*

Children's Services

- Residential* *IMMT*
 SCL *Respite*
 Foster Care *PMIC*

Waiver Services

- Children's Mental Health Waiver* *ID Waiver*
 BI Waiver *HIV Waiver* *Elder Waiver*
 Ill and Handicapped Waiver *Physical Disability Waiver*

Other: *Consumer Choice Option* *Money Follows the Person*

The total number of individuals served in the most recent fiscal year: _____

IACP Dues Schedule

The specific amount of your annual dues is based on the Gross Staff Salaries of your individual agency. Application for IACP Membership is open to any and all fully accredited community-based organizations that provide one or more of a variety of diverse services to children or adults with mental illness or mental health related issues, mental retardation, brain injury, or other developmental disabilities.

Category	Staff Salaries	Dues	National Memberships	New IACP Dues
1	\$0 - \$350,000	\$1,000	\$300	\$1,300
2	\$350,001 - \$750,000	\$1,250	\$300	\$1,550
3	\$750,001 - \$1,000,000	\$1,500	\$300	\$1,800
4	\$1,000,001 - \$1,500,000	\$1,750	\$300	\$2,050
5	\$1,500,001 - \$2,000,000	\$2,000	\$300	\$2,300
6	\$2,000,001 - \$2,500,000	\$2,250	\$300	\$2,550
7	\$2,500,001 - \$3,000,000	\$2,500	\$300	\$2,800
8	\$3,000,001 - \$3,500,000	\$2,750	\$300	\$3,050
9	\$3,500,001 - \$4,000,000	\$3,000	\$300	\$3,300
10	\$4,000,001 - \$5,000,000	\$3,250	\$300	\$3,550
11	\$5,000,001 - \$6,000,000	\$3,500	\$300	\$3,800
12	\$6,000,001 - \$7,000,000	\$3,750	\$300	\$4,050
13	\$7,000,001 - \$8,000,000	\$4,000	\$300	\$4,300
14	\$8,000,001 - \$9,000,000	\$4,250	\$300	\$4,550
15	\$9,000,001 - \$10,000,000	\$4,500	\$300	\$4,800
16	\$10,000,001 - \$11,000,000	\$4,750	\$300	\$5,050
17	\$11,000,001 - \$12,000,000	\$5,000	\$300	\$5,300
18	\$12,000,001 - \$13,000,000	\$5,250	\$300	\$5,550
19	\$13,000,001 - \$14,000,000	\$5,500	\$300	\$5,800
20	\$14,000,001 - \$15,000,000	\$5,750	\$300	\$6,050
21	\$15,000,001 - \$16,000,000	\$6,000	\$300	\$6,300
22	\$16,000,001 - \$17,000,000	\$6,250	\$300	\$6,550
23	\$17,000,001 - \$18,000,000	\$6,500	\$300	\$6,800
24	\$18,000,001 - \$19,000,000	\$6,750	\$300	\$7,050
25	\$19,000,001 - \$20,000,000	\$7,000	\$300	\$7,300
26	\$20,000,001 - \$21,000,000	\$7,250	\$300	\$7,550
27	\$21,000,001 - \$22,000,000	\$7,500	\$300	\$7,800
28	\$22,000,001 - \$23,000,000	\$7,750	\$300	\$8,050
29	\$23,000,001 - \$24,000,000	\$8,000	\$300	\$8,300
30	\$24,000,001 - \$25,000,000	\$8,250	\$300	\$8,550
31	\$25,000,001 or more	\$8,500	\$300	\$8,800

Beginning January 1, 2010, **all IACP member agencies** will benefit from, and equally share the cost of belonging to **NCCBH, ANCOR, ACCSES, and NABIS**, as per the Board's approval on July 7, 2009.

Please Note: The association's Membership Dues have not been raised during the past 15 years.

An additional fee of \$300.00 per member has been added to the existing dues structure to cover the cost of belonging to the four national associations listed above.

Advisory Committee Membership

Please Read Carefully: IACP operates with a system of advisory committees and standing committees to further communication between our members, the Board of Directors, and IACP staff. Membership on the advisory committees is based on the types of services each agency provides. Based on the services your agency provides, on which advisory committee(s) do you expect your representatives to participate? *(check all that apply to your agency)*

Advisory Committee Choices:

Residential Vocational Brain Injury
 Children's Mental Health

Calculation of Dues

2009 Gross Staff Salaries <i>(please enclose a copy of your most recent audit)</i>	_____
IACP Dues	_____
New Member Application Fee <i>(if applicable)</i>	\$100.00 _____
Total Dues Payment:	_____

Method of Payment:

Check # _____

MasterCard

VISA

Discover

Card # _____ Exp. Date: _____ 3 Digit Code: _____

Cardholder's Name: _____

Cardholder's Email Address: _____

Cardholder's Signature: _____

DUES DEADLINE: DECEMBER 31, 2009

www.iowaproviders.org

For IACP Use Only

Date Received _____ Date Processed _____

Annual Dues _____

Payment Type: Check # _____

Credit Card # MasterCard VISA Discover