



## APPLICATION FOR MEMBERSHIP

Name of Organization: \_\_\_\_\_

Director: \_\_\_\_\_

Contact Person if not Director: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

# consumers served during most recent audited fiscal year: \_\_\_\_\_  
 Children 17 and under \_\_\_\_\_ Adults 18 and over \_\_\_\_\_

**Full Agency** member dues will be calculated based on total revenues received in delivering mental health services during your most recent audited fiscal year. Please check the mental health service(s) you provide and list revenue generated for each service and total mental health revenue:

PRP	RRP	OMHC
Respite	Crisis Residential	Case Mgmt
Vocational	Supported Employment	
Other Mental Health Services:		
		Total Mental Health Revenue:

“Member Agency” dues will be calculated based on the total revenues received in delivering mental health services during your most recent audited fiscal year: Dues are calculated as follows: multiply the first \$3million by .0023 Multiply the balance up to \$10mil by .001 and the balance over \$10mil by .005. The total of all three calculations would be your annual dues.

**An Affiliate Membership** - your organization does not provide community rehab, treatment and/or support services or qualify for member agency status as a consumer organization, but supports the mission of CBH. Affiliate Members are not entitled to vote, serve on the Board of Directors, or serve as Chair of a Standing Committee.

Dues for an affiliate member are currently set at a minimum of \$750 for agencies with revenues under \$250,000 and \$1000 for agencies with revenues over \$250,000.

You are required to include with your application your most recent Audited Financial Report and a program brochure or other documentation to assist the Board of Directors in determining your eligibility.

Upon approval by the Board of Directors the CBH office will contact you and confirm your membership and the amount of dues you are required to pay. At this time you will be placed on the email contact list and begin receiving info from the CBH office.