

Idaho Association of Community Providers, Inc.  
 Attn: Gregory Dickerson, Treasurer  
 4477 W Emerald St. Suite C100  
 Boise ID, 83706

Membership Application 2017-2018

**Membership Dues:** (Please include appropriate fee from the schedule below with the completed application)

- \$150.00 Agencies with revenues of \$150,000/ year or less.
- \$180.00 Agencies with revenues of \$151,000-\$200,000/year.
- \$200.00 Agencies with revenues of \$200,001-\$300,000/year.
- \$220.00 Agencies with revenues of \$300,001-\$900,000/year.
- \$250.00 Agencies with revenues of \$900,001-\$1,300,000/year.
- \$350.00 Agencies with revenues of \$1,300,001-\$2,000,000/year.
- \$450.00 Agencies with revenues of \$2,000,000+/year.

**Provider Agency Name:** \_\_\_\_\_

**\*\*Provider Type Designation for Voting Privileges (Please choose one):**  Mental Health;  Developmental Disability Services;  Residential Habilitation;  Case Management;  Substance Abuse

(Once selected, this Designation may not be changed until the next membership year)

**Agency Physical Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing same as Physical Address

**Agency Mailing Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agency Phone #:** (\_\_\_\_) \_\_\_\_\_ **Agency Fax#:** (\_\_\_\_) \_\_\_\_\_

Membership in good standing includes access to the IACP Google Group email lists for up to 5 e-mail addresses. Please list e-group member name and preferred e-mail address:

	Name	Preferred Email Address	Provider Type Google Group Enrollment
<b>Agency Primary Contact</b>			<input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Supported Living <input type="checkbox"/> Case Management
<b>Representative</b>			<input type="checkbox"/> Mental Health Services <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Supported Living <input type="checkbox"/> Case Management
<b>Representative</b>			<input type="checkbox"/> Mental Health Services <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Supported Living <input type="checkbox"/> Case Management

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(It is the responsibility of the Agency Primary Contact to notify the IACP Treasurer of any changes to google group access that may occur during the membership year.)

**Service Types Provided by Your Agency:**  
(Please check all that apply)

- Mental Health Services
- Substance Abuse Services (State Approved Substance Use Disorder Service (SASUD) provider certified by the State of Idaho)
- Developmental Disability Services
- Residential Supported Living Services
- Case Management

**Agency Owner, CEO, CFO or other major decision maker** (If different from Primary Contact above):

\_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

**Other Affiliations or Representations** (Please list any other professional/ occupational associations, workgroups, boards, etc.. in which your agency staff participate. These affiliations may be called upon as the IACP seeks to align our work with that of other community stakeholders, organizations, and groups):

Agency Representative	Phone Number	Affiliated Organization