

Georgia Association of Community Care Providers (GACCP)

Dues Invoice for January 1, 2010 – December 31, 2010

(Please verify the records below as this information will be listed on your voters information)

A. MEMBERSHIP: * **A. Type:** Provider (Agency) _____ Associate -Individual _____ Associate -Organization _____

B. Company Name: _____

C. Name or Contact Person: (Mr., Ms., Mrs.) _____

D. Mailing Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____ - _____

E. Site Location (if different): _____ **City:** _____ **State:** _____ **Zip Code:** _____ - _____

F. Phone #: _____ **G. Fax #:** _____ **H. 800 #** _____

I. Designated Voter: _____

J. Email: _____ **K. Web Address:** _____

L. Licensed Services: _____ Nursing _____ Personal Support _____ Companion/Sitter

M. Programs in which your company participates: (Circle all that apply) **ALS** (Alternative Living Services), **HDS** (Home Delivered Services), **HDM** (Home Delivered Meals), **ADH** (Adult Day Health), **PSS** (Personal Support Services), **PSSX** (Personal Support Services Extended), **SOURCE** (Service Option Using Resources in a Community Environment), **ICWP** (Independent Care Waiver Program), **PHCP** (Private Home Care Provider), **ERS** (Emergency Response System), **CCSP** (Community Care Service Provider), **MRDD** (Mental Retardation/Developmental Disabilities), **Pediatrics**, **ORC** (Out-of-Home Respite Care), **SKSPHCP** (Skilled Nursing Services by Private Home Care Providers)

II. DUES: The dues structure is based on the honor system. The tier structure is based on projected annual revenue and not projected billing. We want to encourage you to choose the highest category your agency can support.

A. Provider (Agency) Membership:

Tier 1:	Up to \$60,000	\$150.00	_____
	Voluntary PAC Donation	\$25.00	_____
	Total for Tier 1	\$175.00	_____
Tier 2:	\$60,000 to \$150,000	\$300.00	_____
	Voluntary PAC Donation	\$ 50.00	_____
	Total for Tier 2	\$350.00	_____
Tier 3:	\$150,00 to \$300,000	\$400.00	_____
	Voluntary PAC Donation	\$75.00	_____
	Total for Tier 3	\$475.00	_____
Tier 4:	Over \$300,000	\$550.00	_____
	Voluntary PAC Donation	\$100.00	_____
	Total for Tier 4	\$650.00	_____

B. Associate Membership (For those who are not Providers)

Individual	\$100.00	_____
Voluntary PAC Donation	\$25.00	_____
Total for Individual	\$125.00	_____
Organization	\$100.00	_____
Voluntary PAC Donation	\$25.00	_____
Total for Organization	\$125.00	_____
Total Remitted	\$	_____

III. I authorize GACCP to officially release my name, address, and phone number for the nature of conducting business of this organization.
 IV. By agreeing to become a Georgia Association of Community Care Provider member, I agree to adhere to the GACCP code of ethics.

Signature

Date