

# Georgia Association of Community Care Providers (GACCP)

Dues Invoice for January 1, 2017 – December 31, 2017

Please check:  RENEWAL  NEW MEMBERSHIP APPLICATION

\*All new members must submit a recent state inspection report with application. New members must have NO VIOLATIONS to be approved for new membership.

A. MEMBERSHIP:

A. **Type:** Provider (Agency) \_\_\_\_\_ Associate -Individual \_\_\_\_\_ Associate –Organization \_\_\_\_\_

\* See page 2 for membership classification descriptions.

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 .....	\$150.00	_____
Voluntary PAC Donation .....	\$25.00	_____
Total for Individual .....	\$175.00	_____
Organization .....	\$150.00	_____
Voluntary PAC Donation .....	\$25.00	_____
Total for Organization .....	\$175.00	_____
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

**Membership Tiers:**

**Regular Provider Member:** Regular Provider (“Provider” or “Provider Member”) membership shall be available to individuals, companies, contractors, and other entities who provide community care products and/or services directly or indirectly to recipients of home- and community-based services, the recipients of whom may otherwise seek such products or services, but do so solely or substantially because they receive home- and community-based services. Power to determine Regular Membership versus Associate Membership shall be vested solely in the Board of Directors.

**Associate Member:** Associate membership (“Associate” or “Associate Member”) shall be available to an individual or entity marketing ancillary services or products. Such members may be practicing or studying in a related field, or serving the best interests of the Association and community care recipients; and, such definitions shall be related to optional or necessary products or services based on consumer choice or need or utilized by clients of or Regular Provider Members in the provision of its services, and being necessary for quality service related to community care. Examples may include but are not limited to: insurance; structural (housing) maintenance, e.g., lawn care and other products or services that typically may be used by individuals not receiving community care and whose services are as likely or more likely to be related to periodic sales and service to the general population. Small independent contractors may apply as Associate Members if each is providing its qualifying product or service under the auspices of a Regular Member, and dues may be determined based on the aggregate of the contractor and its sponsoring Regular Member, subject to approval by the board of Directors.

**Political Action Committee (PAC):**

**What is a PAC? Political Action Committee (PAC)** is a type of organization that pools campaign contributions from members and donates those funds to campaign for or against candidates, ballot initiatives, or legislation.

**Why is your donation important?** PAC donations are used throughout the year to support political candidates in Georgia who assist our Organization in the implementation of legislation impacting our industry. The GACCP Legislative Committee strategically works with Legislators to education and influence policy and funding implementation. GACCP is not affiliated or connected with any particular party, but works with those willing to support our cause

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**GACCP accepts three ways of payment. Please complete and return this portion of the application with your renewal application.**

Pay by check or credit card or online at [www.gaccp.org](http://www.gaccp.org):

Name: \_\_\_\_\_ Company \_\_\_\_\_

• Check #: \_\_\_\_\_ Date: \_\_\_\_\_

• Credit Card Number: (MC, Visa, or Discover)

Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

• Check here if you paid on the GACCP website \_\_\_\_\_  
Date online payment was made \_\_\_\_\_

**\*If you paid online, please make sure you still return this form to our office.**

**Please mail with check or fax to:**

GACCP

P.O. Box 3364

Gainesville, GA 30503

FAX: 678-262-9951

**Note: This fax number is in a secure location. Please feel comfortable faxing your credit card information to this number. This service is for your convenience.**