



**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.

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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.**