



Georgia Association of Community Care Providers (GACCP)

2022 MEMBERSHIP APPLICATION

January 1, 2022 – December 31, 2022

Please check application type: _____ 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.

MEMBERSHIP INFORMATION

Member Type: Provider (Agency) _____ Associate - Individual _____ Associate - Organization _____

** See page 2 for membership classification descriptions.*

Company Name: _____

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

Mailing Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Site Location (if different): _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Phone: _____ **Fax:** _____ **800 #** _____

Designated Voting Member Name: _____

Email: _____

Web Address: _____

Please identify those programs in which your company participates: (Please check all that apply)

- ___ AAA (Area Agency on Aging)
- ___ ADH (Adult Day Health)
- ___ ALS (Alternative Living Services)
- ___ EDWP (Elderly and Disabled Waiver Program)
- ___ ERS (Emergency Response System)
- ___ HDM (Home Delivered Meals)
- ___ HDS (Home Delivered Services)
- ___ ICWP (Independent Care Waiver Program)
- ___ NOW & COMP (Waiver Program)
- ___ PHCP (Private Home Care Provider)
- ___ PSS (Personal Support Services)
- ___ PSSX (Personal Support Services Extended)
- ___ RC (Respite Care)
- ___ SFC (Structured Family Caregiving)
- ___ SNS PHCP (Skilled Nursing Services by Private Home Care Providers)
- ___ Case Management
- ___ Private Pay
- ___ Other: _____ (identify the program or offering)

DUES INFORMATION

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	\$175.00	_____
	Voluntary PAC Donation	\$25.00	_____
	Total for Tier 1	\$200.00	_____
Tier 2:	\$60,000 to \$150,000	\$350.00	_____
	Voluntary PAC Donation	\$ 50.00	_____
	Total for Tier 2	\$400.00	_____
Tier 3:	\$150,00 to \$300,000	\$475.00	_____
	Voluntary PAC Donation	\$75.00	_____
	Total for Tier 3	\$550.00	_____
Tier 4:	Over \$300,000	\$650.00	_____
	Voluntary PAC Donation	\$100.00	_____
	Total for Tier 4	\$750.00	_____

B. Associate Membership (For those who are **NOT Providers)**

Individual	\$175.00	_____
Voluntary PAC Donation	\$25.00	_____
Total for Individual	\$200.00	_____
Organization	\$175.00	_____
Voluntary PAC Donation	\$25.00	_____
Total for Organization	\$200.00	_____
Total Remitted	\$	_____

MEMBERSHIP DESCRIPTIONS

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.

What is a PAC?

A **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.

SIGNATURE

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

Signature

Date

PAYMENT INFORMATION

Please complete and return this portion of the application with your renewal submission.

YOU MAY PAY BY CHECK OR CREDIT CARD

Name: _____ **Company:** _____

- Check #: _____ Date: _____
- Credit Card Number: (MC, Visa, or Discover): _____
Exp. Date: _____ CVC Code: _____ Billing Zip Code: _____

Please mail all three completed pages along with your check to:

GACCP
One Glenlake Parkway, NE
Suite 1200
Atlanta, GA 30328

Or email all three completed pages along with your credit card details to: director@gaccp.org.

For additional support, please contact us:

- **Phone:** 404.949.8272
- **Fax:** 404.240.0998
- **Email:** director@gaccp.org