

In partnership with people with disabilities and their families, CCDH advocates, coordinates and provides support and services.



APPLICATION FOR AGENCY MEMBERSHIP

Agency Membership Criteria: An organization, the primary purpose of which is the provision of services to individuals with disabilities.

_____ Full Name of Organization

_____ CEO/Executive Director/Owner _____ E-Mail Address

_____ Address _____ City _____ State _____ Zip

_____ Phone Number _____ Fax Number _____ Cellular Number

In the absence of the Executive Director, who has authority to vote on behalf of the organization?

_____ Briefly describe the mission or purpose of your agency or company: _____

Is your Organization incorporated? Yes No
Is your Organization: Not-for-Profit For Profit
Total number of paid staff: _____
Total number of individuals served _____
% of individuals served with disabilities: _____
Annual Operating Budget: \$ _____

Please attach, or forward, the following:
 Brochure Copy of Certificate of Incorporation List of Board of Directors

_____ Signature of Applicant _____ Title

_____ Print Name _____ Date

Agency Membership dues are based on total revenues. Annual dues cover the period from July 1 – June 30. After January 1st, dues are prorated. **No payment is due at this time.** We will notify you once the Board of Directors votes on your membership. Please mail application and supporting documents to: CCDH, 9555 N. Kendall Dr. Suite 206, Miami FL 33176, or fax to 305-596-6196.

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2007-2008 AGENCY MEMBERSHIP DUES SCHEDULE

| ANNUAL REVENUES | ANNUAL DUES |
|---------------------------|-------------|
| Under \$100,000 | \$450 |
| \$100,000 - \$250,000 | \$650 |
| \$250,000-\$500,000 | \$750 |
| \$500,000 - \$1 Million | \$850 |
| \$1 Million - \$2 Million | \$1,000 |
| \$2 Million - \$4 Million | \$1,150 |
| \$4 Million - \$8 Million | \$1,300 |
| More than \$8 Million | \$1,700 |

Please calculate dues based on total corporate revenues for the most recent fiscal year. Annual dues cover the period from July 1 – June 30. After January 1st, dues are prorated.

Should you have any questions, or wish to establish a payment plan, please contact Helene Good at 305-596-1160 or hgood@ccdhd.org Thank you.