



2017 Membership Application

CENTER / ORGANIZATION / INDIVIDUAL NAME _____

ADDRESS _____

WEBSITE: _____

PHONE: _____

LOCATED IN THE FOLLOWING COUNTY: _____

LICENSING CAPACITY: _____

MAIN CONTACT NAME: _____

TITLE: _____

PHONE: _____

EMAIL: _____

ALTERNATE CONTACT: _____

ALT. CONTACT EMAIL: _____

Centers: Please send a copy of your current LICENSE

2016-2017 DUES SCHEDULE FOR MEMBERSHIP

CENTER/PROVIDER MEMBERSHIP: is available to any licensed center providing adult day services.

Please select from **one** of the **five** center categories below based on your center's **LICENSING CAPACITY:**

- | | | |
|---|--------------|-------|
| <input type="checkbox"/> CATEGORY 1 (for Centers with a Licensing capacity of 0 to 30) | \$225 | _____ |
| <input type="checkbox"/> CATEGORY 2 (for Centers with a Licensing capacity from 31 to 60). | \$400 | _____ |
| <input type="checkbox"/> CATEGORY 3 (for Centers with a Licensing capacity from 61 to 90) | \$500 | _____ |
| <input type="checkbox"/> CATEGORY 4 (for Centers with a Licensing capacity from 91 to 120) | \$600 | _____ |
| <input type="checkbox"/> CATEGORY 5 (for Centers with a Licensing capacity of 121 and greater) | \$700 | _____ |

ASSOCIATE MEMBERSHIP: is available to any partnership, corporation, that does not provide adult day services

- | | | |
|--|--------------|-------|
| <input type="checkbox"/> ASSOCIATE (includes listing on website, copy of membership list) | \$550 | _____ |
|--|--------------|-------|

INDIVIDUAL MEMBERSHIP: is available to any person interested in the field of adult day services.

- | | | |
|--|--------------|-------|
| <input type="checkbox"/> INDIVIDUAL | \$110 | _____ |
|--|--------------|-------|

TOTAL DUES ENCLOSED \$ _____

MEMBERSHIP: Information will be updated on our membership list upon receipt of the completed invoice and payment of membership dues. Information will be updated on the MAADS website twice a year. The *MAADS Newsletter* is included as part of the membership. **MAADS Federal I.D. # 52-137-6125.**

Make checks or money order(s) payable to: **Maryland Association of Adult Day Services** and mail to: **MAADS Membership, 10280 Old Columbia Road, Suite 220, Columbia, MD 21046.**

DUE UPON RECEIPT. PLEASE RETAIN A COPY FOR YOUR FINANCIAL FILES.

MAADS – 10280 Old Columbia Road, Suite 220, Columbia, MD 21046

Toll Free: 410-381-0151

Fax: 410-381-0240