

# 2017 MEMBERSHIP APPLICATION/RENEWAL



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ancor@ancor.org www.ancor.org

## AGENCY/ASSOCIATION AND CONTACT INFORMATION (Please fill out all of the requested information.)

Organization		CEO	
Primary Contact (designated voting representative for your organization)		Email	
Address	City	State	Zip
Telephone		Website	

### A. SELECT THE DUES CATEGORY THAT MATCHES YOUR SITUATION

**DUES: Full Members** Eligibility for full membership is defined as any person, partnership, firm, or corporation that provides and/or coordinates services and/or supports for one or more persons with disabilities that is not owned and operated by a public entity.

- Dues are based on total operating expenses defined as follows:  
*Total accumulated costs for prior full fiscal year for supports and services for people with disabilities.*
- Attach a list with contact names, titles, addresses, email, phone and fax numbers of all affiliate agencies covered under the parent corporation dues umbrella. Of those affiliate agencies included under your umbrella membership, be sure to incorporate their operating expenses in the total operating expenses used to calculate total dues.

- Under \$1,000,000 ..... \$485 base dues plus 0.0001 times total operating expenses
- \$1,000,000 - \$4,999,999 ..... \$995 base dues plus 0.0001 times total operating expenses
- \$5,000,000 - \$9,999,999 ..... \$1,885 base dues plus 0.0001 times total operating expenses
- \$10,000,000 - \$14,999,999 ..... \$2,550 base dues plus 0.0001 times total operating expenses
- \$15,000,000 - \$19,999,999 ..... \$3,825 base dues plus 0.0001 times total operating expenses
- \$20,000,000 - \$29,999,999 ..... \$6,630 base dues plus 0.0001 times total operating expenses
- \$30,000,000 - \$49,999,999 ..... \$10,710 base dues plus 0.0001 times total operating expenses
- \$50,000,000 - \$99,999,999 ..... \$13,770 base dues plus 0.0001 times total operating expenses
- \$100,000,000 - \$249,999,999 ..... \$14,790 base dues plus 0.0001 times total operating expenses
- \$250,000,000 and over ..... \$27,540 base dues plus 0.00005 times total operating expenses

**Example:**

For an agency with total operating expenses of \$23,000,000 the dues would be calculated as:  
 $\$23,000,000 \times 0.0001 = \$2,300 + \$6,630 = \$8,930$

\$ \_\_\_\_\_  
Total Operating Expenses

**TOTAL FULL MEMBER DUES**

\$

## IMPORTANT INFORMATION

- ANCOR is a nonprofit 501(C)(6) trade association. Dues, contributions and other assessments paid to this association are not deductible as charitable contributions for federal income tax purposes. However, payments of membership dues are deductible for most members of a trade association under Section 1662 of the Internal Revenue Code as an ordinary and necessary business expense.
- ANCOR estimates that up to two percent (2%) of the 2017 budget will be designated for “lobbying” activities. Under federal legislation, businesses may not take tax deductions for business expenses that pertain to lobbying. Therefore, for 2017, 98 percent (98%) of the above payment may qualify for tax deduction as a business expense. Please consult with your tax advisor.
- ANCOR uses email as the principal means of communicating with members, to inform you of our activities and important legislative and regulatory happenings, to share opportunities for professional and organizational development, to give you updates on a variety of subjects across the spectrum of our members’ interests. By providing the fax number(s) and any email associated with your organization, you hereby consent for the organization to receive any fax and email communications sent by or on behalf of American Network of Community Options and Resources (ANCOR), the ANCOR Foundation, Inc., or the ANCOR Services Corporation.

## AGENCY CHIEF FINANCIAL OFFICER (Signature Required)

I hereby certify that the dues calculated is based on total operating expenses as defined above.

\_\_\_\_\_

CFO Signature

\_\_\_\_\_

Billing Email Address

## ANCOR FOUNDATION CONTRIBUTION

ANCOR Foundation is a 501(c)(3) organization. Payment includes a tax-deductible contribution (\$25 recommended) to support the ANCOR Foundation’s programs such as leadership development for direct support and management staff.

CHARITABLE DONATION AMOUNT

\$

## ANCOR VOLUNTARY ASSESSMENT

**National Advocacy Campaign Voluntary Assessments.** Please contribute to the ANCOR National Advocacy Campaign to increase awareness of the direct support workforce crisis and funding issues that are jeopardizing community-based supports and services. Visit [www.nationaladvocacycampaign.org](http://www.nationaladvocacycampaign.org) for more information.

VOLUNTARY ASSESSMENT AMOUNT

\$

**DUES: State Provider Association** A state provider association associate member is entitled to all ANCOR membership benefits, including the right to elect a state executive liaison to the ANCOR Board of Directors. In addition, the state association executive or designee is invited to participate in the ANCOR State Provider Association Executives Forum.

State Provider Association Associate Membership Dues Levels Based on Annual Operating Expenses.

- Under \$100,000.....\$1,420
- \$100,001 - \$250,000.....\$2,810
- \$250,001 - \$500,000.....\$4,895
- \$500,001 - \$750,000.....\$6,295
- \$750,001 and over.....\$8,355

State Provider Association Dues Credits: For each state provider association member that is also a full member of ANCOR, a credit of \$25.00 will be given.

- Please send ANCOR a list of your state association members for 2017. ANCOR will then issue dues credit checks in late 2017, if applicable.
- The maximum credit available cannot exceed the original amount of the dues owed by the state provider association.

TOTAL STATE ASSOCIATION DUES

\$

**☐ DUES: Associate Members**

- An associate member is entitled to all membership benefits in ANCOR *except* the right to vote.
- Associate status is not open to individuals or agencies that provide residential and other support services to people with disabilities that are eligible for full membership in ANCOR.

- Consultant:** Individuals who serve as consultants to the disabilities field.....\$1,350
- Corporate:** National/regional vendors, managed care organizations, suppliers, consulting, and law firms.....\$3,940
- Emeritus:** Individuals, 55 years of age and no longer actively engaged in the management of a provider agency or serving as an independent consultant in the disabilities field. Previous agency must have been an active ANCOR member for at least 10 years.....\$175
- Individual:** Parents, Direct Support Professionals (DSPs), staff and friends of agencies that are full members or associates of ANCOR.....\$50
- International:** Non-governmental organizations who provide supports and services to persons with disabilities or who advocate on behalf of persons with disabilities.....\$210
- State/National Organization:** National nonprofit disability organizations; accrediting/monitoring entities; or public agencies and state or county boards that **do not** provide direct services in the disabilities field.....\$3,940
- Universities/Education Organizations**.....\$645

**TOTAL ASSOCIATE MEMBER DUES**

\$

**B. PAYMENT OPTIONS**

Check made payable to ANCOR \$ \_\_\_\_\_  
 (Please return this form with your check to PO Box 62576, Baltimore, MD 21264-2576)

VISA       Mastercard       American Express       Discover      \$ \_\_\_\_\_

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<b>Credit Card#</b>	<b>Expiration Date</b>	<b>Credit Card Billing Zip</b>
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<b>Cardholder's Name</b>	<b>Signature</b>	<b>Security Code</b>
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(Please return this form with your credit card payment to 1101 King Street, Suite 380, Alexandria, VA 22314)

**ANCOR's FLEXIBLE Payment Schedule** (first payment due with application)

- Monthly\* \$ \_\_\_\_\_ per month for 12 months       Two Payments of \$ \_\_\_\_\_ (on January 1 and June 1)
- Quarterly\* \$ \_\_\_\_\_ per quarter for 4 quarters       Other\* (Must be approved by ANCOR's accounting office)

\*Retroactive to January 1, 2016

**HOW DID YOU LEARN ABOUT ANCOR? (Select all that apply.)**

- ANCOR website
- ANCOR membership solicitation
- ANCOR conference
- Other conference
- Colleague at your agency
- Colleague at another agency \_\_\_\_\_  
Please specify name and agency
- Other \_\_\_\_\_  
Please specify