

MEMBERSHIP APPLICATION: BEHAVIORAL HEALTH & FAMILY SERVICES PROVIDER ORGANIZATION



FOR THE MEMBERSHIP YEAR: 10/1/2023 - 9/30/2024

Organization: _____

Address: _____ City/State/Zip: _____

CEO Name: _____ CEO Title: _____

Phone: _____ Email: _____

Website: _____

Organization Total Annual Gross Revenue/Budget (current): _____

Full Time Equivalent Staff (FTEs): _____

Counties Served: _____

Primary services which your organization provides:

How did you hear about the Ohio Council?

DUES INFORMATION: Dues are based on a percentage of your total annual gross revenue.

**DO NOT send dues with this application - you will be invoiced when your membership is approved.*

**The Ohio Council will prorate dues to the nearest quarter of your membership effective date.*

2024 Membership Tiers (Total Annual Gross Revenue) Please Select One	Dues Amount:
<input type="checkbox"/> Tier 1: Minimum Dues: If annual gross revenue is = <\$282,142	\$711
<input type="checkbox"/> Tier 2: Calculated Dues: If annual gross revenue is \$282,143 - \$2,700,000 <i>*Enter Total Annual Gross Revenue (Current) x 0.00252 = Dues</i> <i>*Tier 2 is the ONLY tier to use the above calculation.</i>	Enter \$ _____
<input type="checkbox"/> Tier 3: Budget = \$2,700,001 - \$8,000,000	\$6,950
<input type="checkbox"/> Tier 4: Budget = \$8,000,001 - \$12,000,000	\$8,108
<input type="checkbox"/> Tier 5: Budget = \$12,000,001 - \$20,000,000	\$9,845
<input type="checkbox"/> Tier 6: Budget = \$20,000,001 - \$30,000,000	\$14,752
<input type="checkbox"/> Tier 7: Budget = \$30,000,001 - \$100,000,000	\$16,391

Please Select a Payment Plan:

Single Payment - Total dues will be paid when membership is approved.

Two Payments - Dues will be paid in two equal payments. Initial payment is due when membership is approved. Payments are scheduled 10/1/2023 & 4/1/2024.

Quarterly - Dues will be paid in quarterly installments: 10/1/2023; 1/1/2024; 4/1/2024; 7/1/2024. Initial payment is due when membership is approved.

Signature: _____ Date: _____

Who should we contact concerning information on this form? _____

SEND COMPLETED FORMS TO CORNETT@THEOHIOCOUNCIL.ORG