

MEMBERSHIP APPLICATION: BEHAVIORAL HEALTH & FAMILY SERVICES PROVIDER ORGANIZATION

FOR THE MEMBERSHIP YEAR: 10/1/2026 – 9/30/2027



Organization:			
Address:		City/State/Zip:	
CEO Name:		Email:	
Phone:		Website:	
Organization Total Annual Gross Revenue/Budget (current):			
Full Time Equivalent Staff (FTEs):		Corporate Status:	
Counties Served:			
Certification(s):	☐ Ohio DBH ☐ CARF ☐ COA ☐ TJC Or Other:		

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.***

2027 Membership Tiers (Total Annual Gross Revenue) Please Select One	Dues Amount:
☐ Tier 1: Minimum Dues: If annual gross revenue is = <\$282,142	\$732
☐ 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 \$___
☐ Tier 3: Budget = \$2,700,001 - \$8,000,000	\$7,159
☐ Tier 4: Budget = \$8,000,001 - \$12,000,000	\$8,351
☐ Tier 5: Budget = \$12,000,001 - \$20,000,000	\$10,140
☐ Tier 6: Budget = \$20,000,001 - \$30,000,000	\$15,195
☐ Tier 7: Budget = \$30,000,001 - \$70,000,000	\$16,883
☐ Tier 8: Budget = \$70,000,001 and above	\$17,389

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 10/1/2026 & 4/1/2027.

☐ **Quarterly** - Dues will be paid in quarterly installments: 10/1/2026; 1/1/2027; 4/1/2027; 7/1/2027. Initial payment is due when membership is approved.

Signature: Date:

Who should we contact concerning information on this form?

SEND COMPLETED FORMS TO COWAN@THEOHIOCOUNCIL.ORG