

The Ohio Council of Behavioral Health & Family Services Providers

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Web: www.TheOhioCouncil.org

Member Application Department - Office - Program

For the membership year:

10/1/2018 – 9/30/2019

Organization		
Street		
City/State/Zip		
CEO: Name & Title		
Phone #	Fax #	
E-mail #	Website	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 department-office-program budget, regardless of funding sources.

<p><i>Dues Calculation Formula</i></p>	$\frac{\text{Total Department-Office-Program FY Budget (Current)}}{\text{X .00231}} = \text{Dues}$
	<p><i>The Council will prorate dues to the nearest quarter of your membership effective date.</i></p>

Check One:	Dues Amount
<input type="checkbox"/> Minimum Dues (If Calculated Amount is < \$650)	\$ 650
Maximum Dues (Tiered by Budget Size)	
<input type="checkbox"/> Budget = \$2,700,000 - \$8,000,000	\$ 6,360
<input type="checkbox"/> Budget = \$8,000,001 - \$12,000,000	\$ 7,420
<input type="checkbox"/> Budget = \$12,000,001 - \$20,000,000	\$ 9,010
<input type="checkbox"/> Budget = \$20,000,001 - \$30,000,000	\$13,500
<input type="checkbox"/> Budget = \$30,000,001 - \$100,000,000	\$15,000

Do not send dues with this application.

You will be invoiced when your membership is approved.

<p><i>Select a Payment Plan</i></p>	<input type="checkbox"/> Single Payment (Total dues will be paid when membership is approved.)
	<input type="checkbox"/> Two Payments (Dues will be paid in two equal payments. Does not apply if you join within the last quarter of the current fiscal year.)
	<input type="checkbox"/> Quarterly (Dues will be paid in quarterly installments. Applies only if you join within the first quarter of the current fiscal year.)

Sponsored or Endorsed Products & Services

Visit <https://www.theohiocouncil.org> for a list of products and services available to Ohio Council members. A representative for each product and service will be contacting you after your application is approved.

Authorized Signature: _____

Who should we contact concerning the information on this form? _____