

MAINE ASSOCIATION FOR COMMUNITY SERVICE PROVIDERS

P.O.Box 149
Hallowell, ME 04347
(207) 623-5005
Lydia.paquette@meacsp.org

Application For Membership

MACSP's Mission:

The Maine Association for Community Service Providers (MACSP) is a statewide association of organizations that provide supports and services to children and adults with intellectual and other disabilities. The Association works with many bureaus, offices, and departments of state government and other appropriate groups to promote standards and values in supporting people with disabilities people as a public trust, demonstrating integrity, compassion, and respect for individual differences and choices.

The mission of the Association is to represent individuals and organizations who support persons with disabilities to live, learn and work in the community of their choice through legislative action, organizational advocacy, training and public education.

Code of Ethics:

This Code of Ethics embodies certain standards of conduct for members of MACSP and within the supports provided, in professional relationships with persons served, with parents and guardians of individuals served, with colleagues, with related agencies and professions, and with the community as a whole. In abiding by these ethics, it is understood that the member views his or her obligations in as wide a context as the situation requires, taking all the principles into consideration and choosing a course of action consistent with the spirit and intent by which they were created.

Types of Membership Available:

Full Membership. Full membership may be granted to a private agency or an individual who provides residential service and/or hourly supports to person with intellectual or other related disabilities. The agency or service must be licensed, certified or approved by state, county, or local government agencies where such licensure, certification, or approval is required. Agencies and service providers must confirm their willingness to adhere to the MACSP Code of Ethics. Agencies and service providers must maintain their membership eligibility through the payment of annual dues which are set by the membership. Agencies and service providers that have had their privilege to provide services to persons with developmental disabilities and mental retardation revoked by a governmental licensing or certification agency will also lose their eligibility for full membership in MACSP.

Associate Organizational Membership. Associate organizational membership may be granted to groups or individuals, real or corporate, who are engaged in activities which relate to the objectives of association and who are not organizations eligible as member facilities/agencies.

Associate organizational members shall be ineligible to hold office or vote in the affairs of association. Associate organizational members may attend all general membership meetings, annual business meetings and conventions and also attend association sponsored education programs at the member rate. Further, associate organizational members shall be eligible to serve on committees of association in a voting capacity. Management corporations, whose clientele is eligible for membership, are ineligible for Associate Organizational membership.

Associate Personal Membership. Associate personal membership is available to an individual who is not employed by or is not an owner of an organization eligible for full association membership. Associate personal members shall not be eligible to hold office or vote in the affairs of association. Associate personal members may attend all general membership meetings, annual business meetings and conventions, association-sponsored education programs at the membership rate, and shall be eligible to serve on committees of association in a voting capacity.

DUES CATEGORIES FOR 2016-2017

The Dues Categories have not changed for the 2016-17 year!

Dues for each agency are based on the total of an agency’s budget that is paid for services provide in Maine for intellectual and other developmental disabilities and autism. The source of the information should be the results of the most recent audited financial statements of the agency. Payment is due by September 30, 2016.

	<u>Budget Size</u>	<u>Dues</u>
	Associate Personal	\$121.54
	Associate Organization	\$608.00
I.	0- \$249,999	\$474.01
II.	\$250,000-\$499,999	\$948.01
III.	\$500,000 - \$999,999	\$1,312.63
IV.	\$1,000,000 - \$1,499,999	\$1,604.33
V.	\$1,500,000 - \$1,999,999	\$2,114.80
VI.	\$2,000,000 - \$2,999,999	\$2,260.64
VII.	\$3,000,000 - \$3,999,999	\$2,406.49
VIII.	\$4,000,000 - \$4,999,999	\$2,552.34
IX.	\$5,000,000 - \$6,999,999	\$2,698.19
X.	\$7,000,000 - \$8,999,999	\$2,844.04
XI.	\$9,000,000 - \$10,999,999	\$2,989.88
XII.	\$11,000,000 - \$12,999,999	\$3,135.73
XIII.	\$13,000,000 & Up	\$3,281.5

MACSP FY 2016-2017 Dues Calculation

FY 2016 Financial Statement: _____
 Dues Calculation: _____

Please make check payable to:

MACSP or Maine Association for Community Service Providers

**Please send to: MACSP
P.O. Box 149
Hallowell, ME 04347**

The membership year runs from July 1 –June 30.

Note: New member's dues will be prorated in the following way: 1) if approved for membership from July to December, payment will be at 100%; 2) if approved for membership from January to April, payment will be at 50%; and 3) if approved for membership from May to June, payments will be at 25%.

If you have any questions regarding completion of the application for membership, please contact:

Lydia Paquette, Executive Director
Maine Association for Community Service Providers
P.O. Box 149, Hallowell, Maine 04347
Tel: (207) 623-5005
Email: Lydia.Paquette@meacsp.org

Application For Membership

Please complete all applicable information requested.

Contact Person:		Title:
Corporate Name:		
Address:		
City:	State:	Zip Code:
Tel. No.:	Fax No.:	
Email:	Website:	
Corporate Status:		
<input type="checkbox"/> For Profit – Corporation	<input type="checkbox"/> For Profit – Individual	<input type="checkbox"/> For Profit – Partnership
<input type="checkbox"/> Non Profit – Corporation	<input type="checkbox"/> Non Profit – Other	
Complete the following information for the second person who will have a MACSP vote.		
Contact Person:		Title:
Corporate Office Location:		
Address:		
City:	State:	Zip Code:
Tel. No.:	Fax No.:	
Email:	Website:	
Additional corporate information:		
Year of incorporation:		
Date started doing business in Maine:		

Has anyone in the management of this organization been involved in a license revocation or forced to close any other organization delivering similar services? Yes No
 If yes, please describe: _____

What is the total revenue (including administration) that serves people with intellectual and other disabilities in the State of Maine? _____

Please describe services in detail (no. of residences, how many individuals supported, etc.) offered to people with intellectual disabilities:

Please list reason(s) for wanting to join MACSP:

Questions you may have about MACSP:

ELIGIBILITY FOR FULL MEMBERSHIP:

A private agency or an individual who provides residential services and/or hourly supports to persons with intellectual or other related disabilities may apply for membership. The agency or services must be licensed, certified or approved by state, county, or local government agencies where such licensure, certification, or approval is required. Agencies and service providers must confirm their willingness to adhere to the MACSP CODE OF ETHICS.

Agencies and service providers must maintain their membership eligibility through the payment of annual dues which are set by the Membership.

Agencies and service providers that have had their privilege to provide services to persons with intellectual disabilities revoked by a governmental licensing or certification agency, will also lose their eligibility for full membership in MACSP.

Those applying for an Associate Organizational membership:

Nature of business activity:

Does this organization hold ownership rights in any type of health care organization, which is eligible for MACSP membership? Yes No

Those applying for an Associate Personal membership:

Occupation:

Employer's Name:

Describe briefly your interest in serving individuals with developmental disabilities and in the association:

Are you employed in any type of health care organization, which is eligible for MACSP membership? Yes No

Please enclose with your application any brochures or other descriptive material you may have related to your facility and its program.

Approval of this application will be based in part upon the information supplied herein. Falsification or misrepresentation of any information considered part of this application would result in disqualification for membership in the Maine Association for Community Service Providers.

CERTIFICATION: I certify that the information provided in this application is accurate and complete to the best of my knowledge. The undersigned if admitted to active membership in the MACSP, hereby agrees that it will in all respects conform to and abide by the bylaws of MACSP and all amendments hereafter made thereto.

Date: _____

Signed: _____

Title: _____
