

The Philadelphia Alliance

MEMBERSHIP APPLICATION FORM

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

PHONE: _____ FAX: _____ E-MAIL: _____

CEO/EXECUTIVE DIRECTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

PHONE: _____ FAX: _____ E-MAIL: _____

Please provide the Alliance with your latest annual report and other related publications.

ORGANIZATION'S REVENUE – Refer to the current Dues Schedule – next page.

Kindly complete-- ***DO NOT*** include income from other than Philadelphia DBH/MRS and PROMISE. Funds from other sources, such as DHS contracts, Other counties, etc. are not used in the dues calculation.

Philadelphia County Contracts: in Mental Health \$ _____

Philadelphia County Contracts in Mental Retardation \$ _____

Philadelphia County Contracts with OAS \$ _____

Community Behavioral Health (CBH) Annual Billings \$ _____

Billings against BHSI \$ _____

PROMISE Payments for clients from Philadelphia
Or services located in Philadelphia \$ _____

TOTAL "PHILADELPHIA" REVENUE \$ _____

SPONSORING ALLIANCE MEMBER _____

*For your reference the **DUES SCHEDULE** is included on the following page. Do not include a dues check with this application; the Alliance will invoice your agency after approval and provide description of membership benefits.

Thank you.

Approved for FY 2009-2010

PHILADELPHIA ALLIANCE DUES SCHEDULE – FY 10

Annual dues, as approved by the Board of Directors, are based on agency income derived from public payments and/or reimbursement in the following categories. Applicable revenue includes: Public dollars paid for services to Philadelphia individuals and/or paid for programs located in Philadelphia; services in the categories of intellectual disabilities, mental illness, substance abuse, and related supports.

Revenue sources include: ODP PROMISe payments related to the Philadelphia individuals or Philadelphia locations, Philadelphia County contract dollars from MRS, OAS/CODAAP, & OMH; CBH reimbursements and BHSI payments for public clients.

<u>ANNUAL AGENCY REVENUE</u> (from sources noted above)	<u>ANNUAL DUES</u>
\$20 M +	\$10,150
\$10.0 M to \$19.9M	\$9,000
\$7.0 M to 9,999,999	\$7,600
\$4.0 M to 6,999,999	\$6,780
\$2.0 M to 3,999,999	\$5,865
\$1.0 M to 1,999,999	\$5,100
\$500,000 to 999,999	\$3,570
\$350,000 to 499,999	\$2,800
\$0 to \$349,000	\$1,685
ASSOCIATE MEMBERS	\$1785