



The
Arizona
Council
of
Human
Service
Providers

The Arizona Council of Human Service Providers

“The Council”

Membership Form

Agency Name _____

Administrative Office Location _____

Agency Representative to ACHSP _____

Representative Title _____

Phone _____ Fax _____

E-Mail Address _____

Number of years your agency has been in existence _____

Do you commit your agency to membership in the Council for the entire FY 07-08 at the dues level identified below? Yes _____ No _____

FY 2007 – 2008 Dues **Based on FY 06-07 Expenditures**

\$ 918	\$ -0-	\$ 499,999
\$ 1,836	\$ 500,000 -	999,999
\$ 2,432	\$1,000,000 -	1,999,999
\$ 3,674	\$2,000,000 -	2,999,999
\$ 4,592	\$3,000,000 -	3,999,999
\$ 5,511	\$4,000,000 -	4,999,999
\$ 6,430	\$5,000,000 -	5,999,999
\$ 7,348	\$6,000,000 -	6,999,999
\$ 8,266	\$7,000,000 -	7,999,999
\$ 9,185	\$8,000,000 -	8,999,999
\$ 10,104	\$9,000,000 -	9,999,999

Your annual dues level is _____

Please attach the following information and return with your application (optional);

- 1) Agency organizational chart.
- 2) Most recent financial statement.
- 3) Most recent annual report of agency services and programs.
- 4) Most recent certificate of accreditation and all applicable license(s).
- 5) Typed list of branch office locations and phone numbers.
- 6) Typed list of all Board of Directors or owners(s).

You are encouraged to enclose descriptive brochures about your agency and its programs.