

Virginia Network of Private Providers, Inc.

804 Moorefield Park Drive, Suite 201

Richmond, Virginia 23236

MEMBERSHIP APPLICATION - 2018

Select the Membership Category which is appropriate:

Individual Membership – for persons who have an interest in the purposes of the Corporation and wish to stay informed of issues affecting private providers of support for persons who have mental illness, developmental delay or substance use disorder and are licensed by or funded by the Department of Behavioral Health and Developmental Services.

Dues: \$150.00

Organizational Membership – for private providers of support for persons who have mental illness, developmental delay or substance use disorder and are licensed by or funded by the Department of Behavioral Health and Developmental Services. Organizational Membership shall entitle the President, Executive Director or CEO and one other member of the Organizational Member’s Board of Directors or staff to the privileges and responsibilities of membership.

Dues Based on Service Revenue for Services Provided in Virginia in Previous Fiscal Year:

Less than \$1 Million	\$150.00
\$1 Million up to \$2.5 Million	\$325.00
\$2.5 Million up to \$5 Million	\$475.00
\$5 Million up to \$7.5 Million	\$750.00
\$7.5 Million or more	\$1,000.00

Corporate Members (Non-voting) — Trade Associations or product/service vendors who will get prominent display on the VNPP website as supporters of VNPP.

Dues: \$450.00

Name & Title of Primary Contact or Individual Member:		
Name of Organization (for Organizational or Corporate Members):		
Street Address (include Suite or Office No):		
City:	State:	ZIP
Phone ()	E-mail:	
Website (for Corporate Members):		

For Organizational Members		
Our Service Revenue for Services Provided in Virginia is in the Range Indicated Below:		
<input type="checkbox"/> < \$1M	<input type="checkbox"/> \$1M to < \$2.5M	<input type="checkbox"/> \$2.5M to < \$5M
<input type="checkbox"/> \$5M to < \$7.5M	<input type="checkbox"/> \$7.5M or more	
CEO or CFO: _____	Date: _____	
Authorized Signature		
Average number of individuals served:	Average number of employees:	Number of years in business:
Services Provided (ID/D):	Services Provided (BH):	
<input type="checkbox"/> Group Home	<input type="checkbox"/> Day Services	<input type="checkbox"/> RTC – A, B or C
<input type="checkbox"/> Sponsored Residential	<input type="checkbox"/> Employment	<input type="checkbox"/> Crisis Services
<input type="checkbox"/> Supported Living	<input type="checkbox"/> Other IDD Services	<input type="checkbox"/> Other BH Services
	<input type="checkbox"/> MHSS/IIH	
	<input type="checkbox"/> TDT	
	<input type="checkbox"/> Outpatient	

Make your check payable to VNPP and return with the completed form to the address above or apply and pay on-line at <http://vnppinc.org/membership/account/register/>