

Virginia Network of Private Providers, Inc.

7400 Beaufont Springs Drive, Suite 403

Richmond, VA 23225

MEMBERSHIP APPLICATION

Select the Membership Category which is appropriate:

Organizational Membership – for private providers of support for persons who have mental illness, intellectual or developmental disabilities, substance use disorders or brain injury. Organizational Membership shall entitle the President, Executive Director or CEO and one other member of the Organizational Member’s Board of Directors or senior staff to the privileges and responsibilities of membership.

Dues Based on Revenue for Services Provided in VA in Your Most Recent Fiscal Year:

Less than \$1 Million	\$250.00
\$1 Million up to \$2.5 Million	\$540.00
\$2.5 Million up to \$5 Million	\$840.00
\$5 Million up to \$7.5 Million	\$1,375.00
\$7.5 Million to \$10 Million	\$2,200.00
More than \$10 Million	\$2,200 + .01% of revenue > \$10 M

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.

Dues: \$270.00

Corporate Members (Non-voting) — Trade Associations or product/service vendors who will get prominent display on the VNPP website as supporters of VNPP and a discount equivalent to their dues for vendor/exhibitor registration at the Conference.

Dues: \$1,200.00

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:	

For Organizational Members Only		
<i>Revenue for Services Provided in Virginia in our Most Recent Fiscal Year is:</i>		
<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 to < \$10M		
<input type="checkbox"/> > \$10M (\$2,200 + .01% of revenue greater than \$10M) = \$ _____ (dues owed)		
CEO or CFO: _____		Date: _____
<small>Authorized Signature</small>		
Are you licensed by DBHDS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If “no” what supports do you provide: _____		
Average number of individuals served:	Average number of employees:	Number of years in business:

Make your check payable to VNPP and return with the completed form to the address above