



## 2009 / 2010 NCARF Membership Application

Organization Name \_\_\_\_\_

Director/President/Individual Member (name & title) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

Telephone \_\_\_\_\_ Extension \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

**Please designate the representative for your organization:** The Chief Executive Officer, President, Director or top official of each Organizational Member (or Multi-site Organizational Member) shall be the appointed NCARF representative of that organization. This individual may designate an alternate representative.

**NCARF Member Representative:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Organizational members, please list other contacts at your agency that should be included in NCARF correspondence (such as the head of Finance, Programs, Human Resources, Production):**

**Name:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **email:** \_\_\_\_\_



**SELECT MEMBERSHIP TYPE AND CORRESPONDING PAYMENT**

**Organizational Membership**

This membership type is open to any Community Rehabilitation Program (CRP) which is certified by North Carolina Division of Vocational Rehabilitation Services, or North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse, or North Carolina Division of Services for the Blind, or Department of Social Services, or Workforce Development Boards. Organizational Members have one vote.

**Multi-site Organizational Membership:** Open to any parent CRP that provides administrative oversight to multiple programs which meet eligibility criteria listed above. Such organizations may elect to join as a separate organizational member for each site (complete one application for each site), receiving full membership benefits for each site including voting privileges at the state level and the opportunity to serve on the board; OR the parent CRP may join as a multi-site organizational member with one vote at the state level and a single opportunity for a board seat.

**Organizational Member Due Computation - Five easy steps (based on gross annual payroll)**

<u>Line</u>	<u>Item</u>	<u>Amount</u>
<b>1</b>	Enter gross total annual CRP payroll amount. Use total amount reported for workers compensation - includes all staff, employee and client / workers payroll.	
<b>2</b>	Enter annual payroll for residential and children's services, if any.	—
<b>3</b>	Subtract <b>Line 2</b> from <b>Line 1</b> Amount and enter results.	=
		X .002
<b>4</b>	Multiple <b>Line 3</b> Amount by <u>.002</u> and enter results.	=
		+ \$ 650
<b>5</b>	Add membership base fee of <u>\$650</u> to <b>Line 4</b> Amount and enter results. *Membership dues are capped at \$5,000 (Amount should not exceed \$5,000) This <b>Line 5</b> is your annual membership dues.	=

Please indicate (x) preferred payment method from options below.

<b>Payment Method</b>	In Full	Bi-annually	Quarterly	Monthly



**INDIVIDUAL MEMBERSHIP**

Open to all individuals, except those employed by organizations eligible for organizational memberships. Dues are \$125 payable in full with application submission.

- \$125 payment due in full with application
- Member Emeritus (based on having retired from an NCARF member CRP in good standing at the time of retirement)

Name of CRP: \_\_\_\_\_

**PAYMENT**

Installments are only available to Organizational Members. Full or first installment payments must be received by **August 31, 2009** to become a member for the 2009/2010 membership year. Please make checks payable to **NCARF**.

**Please note our address:**

**NCARF  
PO Box 1658  
Boone, NC 28607**