



Membership Application

MEMBER INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

City/State/Zip: _____

Telephone: _____

Website: _____

Executive Director or CEO: _____

Executive Director or CEO Email: _____

(Person to whom communication should go)

MEMBERSHIP DUES for MACDS-SA

Montana Association of Community Disability Service-Systems Advocacy. Dues Structure based upon Disability Employment Transition & Developmental Disability Program income:

Annual Budget Gross Revenues

- Associate Membership -----\$450
- \$0 - \$100,000\$ -----\$655
- \$100,001 - \$400,000 -----\$990
- \$400,001 - \$800,000----- \$1,665
- \$800,001 - \$1,500,000 ----- \$2,250
- \$1,500,001 - \$3,000,000 ----- \$2,790
- \$3,000,001 - \$5,000,000 ----- \$3,445
- \$5,000,001 and up ----- \$3,895

Make check payable to MACDS-SA

MAIL APPLICATION AND CHECKS TO:

MACDS-SA
 PO Box 794
 Helena, MT 59624
 Phone: 406-443-1570
 Email: kathy@smithandmcgowan.com
 Website: www.mtacds.org