



Membership Application

MEMBER INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Website: _____

Executive Director or CEO: _____

Executive Director or CEO Email: _____

MEMBERSHIP DUES for MACDS-SA

Montana Association of Community Disability Service-Systems Advocacy

Dues Structure:

Annual Budget Gross Revenues

- \$0 - \$100,000.....\$725
- \$100,001 - \$400,000 \$1,100
- \$400,001 - \$800,000 \$1,850
- \$800,001 - \$1,500,000 \$2,500
- \$1,500,001 - \$3,000,000 \$3,100
- \$3,000,001 - \$5,000,000 \$3,825
- \$5,000,001 and up.....\$4,325

New Members joining after January 1st pay half these rates.

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