

Georgia Association of Community Care Providers (GACCP)

Dues Invoice for January 1, 2012 – December 31, 2012

(Please verify the records below as this information will be listed on your voters information)

A. MEMBERSHIP: * **A. Type:** Provider (Agency) _____ Associate -Individual _____ Associate –Organization _____
 * See page 2 for membership classification descriptions.

B. Company Name: _____

C. Name or Contact Person: (Mr., Ms., Mrs.) _____

D. Mailing Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____ - _____

E. Site Location (if different): _____ **City:** _____ **State:** _____ **Zip Code:** _____ - _____

F. Phone #: _____ **G. Fax #:** _____ **H. 800 #** _____

I. Designated Voter: _____

J. Email: _____ **K. Web Address:** _____

L. Licensed Services: _____ Nursing _____ Personal Support _____ Companion/Sitter

M. Programs in which your company participates: (Circle all that apply) **ALS** (Alternative Living Services), **HDS** (Home Delivered Services), **HDM** (Home Delivered Meals), **ADH** (Adult Day Health), **PSS** (Personal Support Services), **PSSX** (Personal Support Services Extended), **SOURCE** (Service Option Using Resources in a Community Environment), **ICWP** (Independent Care Waiver Program), **PHCP** (Private Home Care Provider), **ERS** (Emergency Response System), **CCSP** (Community Care Service Provider), **MRDD** (Mental Retardation/Developmental Disabilities), **Pediatrics**, **ORC** (Out-of-Home Respite Care), **SKSPHCP** (Skilled Nursing Services by Private Home Care Providers)

II. DUES: The dues structure is based on the honor system. The tier structure is based on projected annual revenue and not projected billing. We want to encourage you to choose the highest category your agency can support.

A. Provider (Agency) Membership:

| | | | |
|---------|------------------------------|----------|-------|
| Tier 1: | Up to \$60,000 | \$150.00 | _____ |
| | Voluntary PAC Donation | \$25.00 | _____ |
| | Total for Tier 1 | \$175.00 | _____ |
| Tier 2: | \$60,000 to \$150,000 | \$300.00 | _____ |
| | Voluntary PAC Donation | \$ 50.00 | _____ |
| | Total for Tier 2 | \$350.00 | _____ |
| Tier 3: | \$150,00 to \$300,000 | \$400.00 | _____ |
| | Voluntary PAC Donation | \$75.00 | _____ |
| | Total for Tier 3 | \$475.00 | _____ |
| Tier 4: | Over \$300,000 | \$550.00 | _____ |
| | Voluntary PAC Donation | \$100.00 | _____ |
| | Total for Tier 4 | \$650.00 | _____ |

B. Associate Membership (For those who are not Providers)

| | | | |
|--------------------|------------------------------|----------|-------|
| Individual | | \$100.00 | _____ |
| | Voluntary PAC Donation | \$25.00 | _____ |
| | Total for Individual | \$125.00 | _____ |
| Organization | | \$100.00 | _____ |
| | Voluntary PAC Donation | \$25.00 | _____ |
| | Total for Organization | \$125.00 | _____ |
| | Total Remitted | \$ | _____ |

III. I authorize GACCP to officially release my name, address, and phone number for the nature of conducting business of this organization.

IV. By agreeing to become a Georgia Association of Community Care Provider member, I agree to adhere to the GACCP code of ethics.

Signature

Date

Membership Tiers:

Regular Provider Member: Regular Provider (“Provider” or “Provider Member”) membership shall be available to individuals, companies, contractors, and other entities who provide community care products and/or services directly or indirectly to recipients of home- and community-based services, the recipients of whom may otherwise seek such products or services, but do so solely or substantially because they receive home- and community-based services. Power to determine Regular Membership versus Associate Membership shall be vested solely in the Board of Directors.

Associate Member: Associate membership (“Associate” or “Associate Member”) shall be available to an individual or entity marketing ancillary services or products. Such members may be practicing or studying in a related field, or serving the best interests of the Association and community care recipients; and, such definitions shall be related to optional or necessary products or services based on consumer choice or need or utilized by clients of or Regular Provider Members in the provision of its services, and being necessary for quality service related to community care. Examples may include but are not limited to: insurance; structural (housing) maintenance, e.g., lawn care and other products or services that typically may be used by individuals not receiving community care and whose services are as likely or more likely to be related to periodic sales and service to the general population. Small independent contractors may apply as Associate Members if each is providing its qualifying product or service under the auspices of a Regular Member, and dues may be determined based on the aggregate of the contractor and its sponsoring Regular Member, subject to approval by the board of Directors.

ABOUT GACCP:

The Georgia Association of Community Care Providers (GACCP) is a strong trade association of agencies that have organized to provide education, promotion, and cooperation for and among home community based service programs, including CCSP, ALS, HDS, HDM, ADH, PSS, PSX, SOURCE, ERS, Pediatrics, ORC, SKSPHCP, and MRDD. GACCP promotes the mutual needs and interests of its members, provides cooperation and communication with various Georgia agencies involved in the Community Care programs and advocates for these programs with agencies and the Georgia General Assembly. GACCP is dedicated to providing meaningful educational programs and works daily to increase public awareness for the Community Care programs and the Association.

CONFERENCES & TRAINING:

GACCP holds two conferences annually. The Winter Conference is held in Atlanta, coinciding with the Georgia Legislative Session. The Summer Conference is held at various locations around the State. In addition, GACCP sponsors at least two educational seminars each year. Topics included in our training relates to helping Providers maintain a successfully business and comply with all State and other regulatory requirements.

WORKER COMPENSATION PROGRAM:

Health Care Mutual, a Georgia domiciled captive insurance company, is available to GACCP members. This program was founded in 1992 with two other health care associations and is administered by Georgia Administrative Services, a company focused on personal service and long-term relationships. The goal of Health Care Mutual is to provide a stable source of quality workers’ compensation coverage at a reasonable premium for GACCP members. For an agent near you, call FAS at 800-421-0710 or visit them on line at www.healthcaremutual.com.

OTHER MEMBER BENEFITS:

**Informative Web Site – www.gaccp.org
Full Time Lobbyists**

**Organized Peer Networking Opportunities
Regional Representative Program
Personal Care Assistant (PCA) Competency Test**

Please complete and return with your invoice and renewal payment.

Pay by check or credit card:

Name: _____ **Company** _____
Check #: _____ **Date:** _____

Credit Card Number: (MC, Visa, or Discover) _____
Exp. Date: _____

OR renew membership and pay online at www.gaccp.org

Please mail with check or fax to:

**GACCP
P.O. Box 3364
Gainesville, GA 30503
FAX: 678-262-9951**

Note: This fax number is in a secure location. Please feel comfortable faxing your credit card information to this number. This service is for your convenience.