

GACCP

Georgia Association of Community Care Providers

Membership Application

I. MEMBERSHIP: A. **Type:** Provider _____ Individual _____ Organization _____
 Please verify the records below as this information will be listed on your voters information

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 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

Phone: 770-881-7711/866-837-6519
 Fax: 678-262-9951

PLEASE MAKE CHECKS PAYABLE TO: GACCP
 Please remit to:
 P.O. Box 3364
 Gainesville, GA 30503

(See last page for payment information)

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 all those listed on page one (1). 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:

- | | |
|--|--|
| Educational Tape Library | Quarterly Newsletter |
| Informative Web Site | Organized Peer Networking Opportunities |
| Full Time Lobbyists | Regional Representative Program |
| Personal Care Assistant (PCA) Competency Test | |
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Pay by check or credit card:

Name: _____ **Company** _____

Check #: _____ **Date:** _____

Credit Card Number: _____ **Exp. Date:** _____

MasterCard: _____ **Visa:** _____

Please mail with check or fax to:

GACCP
P.O. Box 3364
Gainesville, GA 30503
770-881-7711/866-837-6519
FAX: 678-262-0051

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.