

Georgia Association of Community Care Providers (GACCP)
Dues Invoice for January 1, 2010 – December 31, 2010
(Please verify the records below as this information will be listed on your voters information)

RENEWAL APPLICATION

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

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:

Educational Tape Library

Informative Web Site – www.gaccp.org

Full Time Lobbyists

Personal Care Assistant (PCA) Competency Test

Organized Peer Networking Opportunities

Regional Representative Program

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: _____

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.