



Membership Application And Renewal Form

Membership Year: July 1, 2011 – June 30, 2012

Organization Name: _____
(As it should appear on your Certificate of Membership and CDSA Records)

Name of Principal Representative		Name of Alternate Representative	
Title		Title	
Address		Address	
City, State, Zip		City, State, Zip	
Phone	Fax	Phone	Fax
E-mail Address		E-mail Address	
Web Site			

Membership Categories

Indicate your Membership Category:

SERVICE PROVIDER

Program/Organization must be vendorized by a Regional Center or certified by the Department of Rehabilitation.

AFFILIATE GROUP

Service providers with a differentiated CDSA representation model (provider type specially named in the affiliate group).

SUPPORTING MEMBER

Non-service providers supporting or involved with activities of CDSA member organizations.

Membership Dues Calculation

Use the equation below to calculate your 2011-12 dues (exclude production materials and client salaries):

SERVICE PROVIDER

Operating Expenses⁽¹⁾ x .0016 = 2011-12 Dues

_____ x .0016 = _____ - or -

\$ 350 Minimum
 \$ 9,200 Maximum

New Members ⁽²⁾

_____ x 0.5 = _____ - or -
2011-12 Dues

\$ 175 Minimum
 \$ 4,600 Maximum

OTHER MEMBERSHIP CATEGORIES

Affiliate Group: Respite Care Agency \$ 450

Supporting Member: Consultant \$ 600

(1) As stated on your most recent IRS Form 990 (Line 18), or for-profit IRS form showing operating expenses.

(2) New Members (only Service Providers) are offered a 50% discount on their normal rate.

Members' dues are used to pay for activities including lobbying expenditures and are therefore not deductible for income tax purposes.

For verification purposes attach:

_____ IRS Form 990, only page 1: that includes Line 18 (non-profit organizations)

- or -

_____ For-profit IRS form showing operating expenses (e.g. gross payroll, employee costs, rent, and other operating expenses)

Please indicate your planned method of payment:

_____ In full (due July 1)

_____ Quarterly (due July 1, October 1, January 1, and April 1)

_____ Monthly (due 1st of each month)

Contact the CDSA Membership Manager at 916.441.5844, ext 110, with any questions.

I certify all above information is correct to the best of my knowledge:

.....
Name

.....
Title

.....
Date

Membership Year: July 1, 2011 - June 30, 2012
Dues prorated to the nearest quarter for new members joining mid-year