

Membership Application and Renewal Form

Membership Year: July 1, 2018 - June 30, 2019



Organization Name: _____

(As it should appear in the CDSA records)

Name of Principal Representative _____

Title _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

E-mail Address _____

Web Site _____

CDSA Membership

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

Indicate your Membership Category

Service Provider

See "Section One" for the dues calculation.

- or -

Affiliate Group

Respite Care Affiliate Group

Service provider with at least 60% of their expenses from respite services.

See "Section Two" for the dues calculation.

Residential Community Care Facility Affiliate Group

Service provider with at least 80% of their expenses from residential homes licensed for community care and serving individuals with developmental disabilities.

See "Section Three" for the dues calculation.

Section One - Service Provider

Check this box if you would prefer to pay the maximum dues without providing the numbers below.

Operating expenses from most recent 990 or similar for-profit IRS form	<input style="width: 100%;" type="text"/>	
A. Production expenses and client salaries for employment programs (to be subtracted)	<input style="width: 100%;" type="text"/>	
B. ICF costs (to be subtracted); enter the \$100 surcharge on line D.	<input style="width: 100%;" type="text"/>	
C. Expenses for program services for populations other than persons with developmental disabilities (to be subtracted)	<input style="width: 100%;" type="text"/>	
Adjusted operating expenses:	<input style="width: 100%;" type="text"/>	
Annual dues multiplier	<input style="width: 100%;" type="text"/>	
Annual dues (subtotal):	<input style="width: 100%;" type="text"/>	
D. Surcharge when ICF deduction taken (\$100)	<input style="width: 100%;" type="text"/>	
Annual dues (total)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> \$395 minimum
<input type="checkbox"/> New member		<input type="checkbox"/> \$10,300 maximum
New member's dues (includes 50% discount)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> \$198 minimum
		<input type="checkbox"/> \$5,150 maximum

Note: CDSA reserves the right to require documentation to validate the numbers included herein.

For verification purposes, attach:

- Non-profit IRS Form 990, only page 1 (that includes Line 18)
- or -
- For-profit IRS form, showing operating expenses (e.g. gross payroll, employee costs, rent, and other operating expenses)

Section Two - Respite Care Affiliate Group

Service provider with at least 60% of their expenses from respite services.

Respite Workers - plus - Clients	Dues	
<input type="checkbox"/> 1 - 499	\$500	Note: CDSA reserves the right to require documentation to validate the numbers included herein.
<input type="checkbox"/> 500 - 749	\$750	
<input type="checkbox"/> 750+	\$1,000	
New members to CDSA check this box <input type="checkbox"/> (qualifies for a 50% discount on the first 12 months)		

Section Three - Residential Community Care Facility Affiliate Group

Service provider with at least 80% of their expenses from residential homes licensed for community care and serving individuals with developmental disabilities.

Dues calculation

New members to CDSA check this box (qualifies for a 50% discount on the first 12 months)

Insert current number of beds: x \$40 = \$ Dues

Please indicate your planned method of payment:

- In full
- Quarterly (due July 1, October 1, January 1, and April 1)
- Monthly (due 1st of each month)

Make checks payable to:

California Disability Services Association
1107 9th Street, Suite 540
Sacramento, CA 95814

Direct questions to CDSA at 916.441.5844, ext. 110.

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

Name _____ Title _____ Date _____

Email completed application to: jscott@cal-dsa.org

Membership Year: July 1, 2018 - June 30, 2019
Dues prorated to the nearest quarter for new members joining mid-year