



North Carolina Providers Council
Bob Hedrick MAEd, Executive Director
4700 Homewood Court, Suite 320 • Raleigh, NC 27609
Phone: 919-784-0230 • Fax: 919-784-0231
www.ncproviderscouncil.org

***Provider Support Membership Renewal Application**

Date of Application: _____ Referred By: _____

Part I

Provider Support Company Name:
Brief Description of Company:
Mailing Address:
City/State/ZIP:
Telephone and Ext:
Fax:
Website (for link):
Number of Years in Business:
Location of Corporate Office:
Locations (Geographic Region(s) Served in NC Only):
List other states served:

Part II

***Definition of a Provider Support Member:** *A Provider Support Member is a company, agency or individual who provides services or products to agencies/companies who serve adults and children requiring MH/DD/SA services. Services/products include management, consulting, billing and other ancillary services. For example: Provider Support Members sell software, van fleet management, insurance, billing systems, consulting services, medical equipment/supplies, training systems, furniture, etc. to providers of services to people requiring MH/DD/SA services. Provider Support Members do not typically provide services directly to consumers of MH/DD/SA services.*

Annual Dues: \$1,250

Membership Year: Membership year begins the first day of the month following Board approval. All Provider Support Members are welcome to attend membership meetings.

Benefits: Provider Support Members in good standing will receive the following member benefits:

- Brief presentation defining product or service at a monthly membership meeting
- Link from NC Providers Council website to Provider Support Member website
- Communication emails via NC Providers Council members only listserv to designated employee(s)**
- Exhibit booth discount at NC Providers Council Annual Conference
- Acrylic membership plaque with mahogany stand

***Provider Support Members will receive communications, if desired, via the Providers Council membership listserv to assist them stay abreast of important provider issues in order to better serve the needs of the NC Providers Council membership. E-mail messages, including any attachments, are for the sole use and benefit of NC Providers Council members and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution to other than employees of your agency/corporation is prohibited. Provider Support Members are not able to initiate electronic/e-mail marketing to member agencies/companies, but can market to Provider Council membership through direct mail, direct contact with members as defined in the Benefits section above, and in response to a member's inquiry about the Provider Support Member's services/products.*

Part III

Listserv Contact Information

The following individual will receive email communications via the NC Providers Council listserv. If you do not wish to receive communications, please check below.

Contact Name: _____

Title: _____ **Email:** _____

I do not wish to receive communications via the NC Providers Council listserv.

Part IV

Sharing of Company Information

I agree to allow the NC Providers Council to share my company contact information with fellow members as part of normal membership communications including conference materials, etc.

Part V

Signature of Authorized Representative

I have read and I understand the NC Providers Council's Code of Ethics and agree to conduct business consistent with the spirit and intent of this Code of Ethics and to abide by the ethical standards of my trade/industry and the responsibilities they require and imply. I further agree that no employee of our company (or its affiliates as applicable) will market to the NC Providers Council membership via email unless the provider member initiates the communication. I certify that the information I have provided accurately represents my business. I further understand that providing any false information on this application or violating the ethical standards as defined above will be grounds for rejection of my application

or termination of the NC Providers Council's Provider Support Membership and may include forfeiture of any remaining annual dues at the time of membership termination.

Signature of CEO/President: _____ Printed Name: _____

Date: _____ Title: _____ Telephone and Ext: _____

Email: _____

Application must be filled out completely. Incomplete applications cannot be processed. Please enclose your check for \$1,250 payable to: NC Providers Council and return to:

**NC Providers Council
Attn: Diana Mills, Office Administrator
4700 Homewood Court, Suite 320
Raleigh, NC 27609**

If you have questions concerning your Provider Support Membership, please contact Diana at the Raleigh office at 919-784-0230 or email diana.mills@ncproviderscouncil.org

For Internal Use Only	
Date Received	
Date Approved	
Check #	
Amount Paid	