

**North Carolina Providers Council**

9660 Falls of Neuse Rd, Suite 138 #124

Raleigh, NC 27615

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[www.ncproviderscouncil.org](http://www.ncproviderscouncil.org/)

Renewal Application

# DATES OF MEMBERSHIP

|  |
| --- |
| Agency/ Provider Name\*: |
| Multiple Corporation/Management Entity\*: |
| Corporate Mailing Address: |
| Owner/CEO/President: |

\*Applicants can choose to join as: 1) Individual Agency/Corporation – Membership is for a single corporation based on revenues for a corporation and includes benefits and voting privileges for that corporation; or 2) Multiple Corporations under One Management Entity – One membership for multi- corporations under one management company based on total revenues for all agencies/corporations/owned/managed by the parent company in NC.

## PART I: OWNER / CEO / PRESIDENT / EXECUTIVE DIRECTOR Signatures Required Below:

I have read and I understand the NC Providers Council’s Code of Ethics and agree to abide by them and the responsibilities they require and imply. I certify that the information I have provided accurately represents the agency/management entity and that any false information will be grounds for rejection of my application for NC Providers Council membership.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Phone Contact: □Office □ Cell**  Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PART II: DESIGNATED VOTING MEMBER OF AGENCY:

Each agency can designate one person as the voting member for their agency.

If you would like to designate a person **other** than Owner/CEO/President for the voting member, please complete the contact information below.

### Voting Member Signature: \_ \_ \_

**Printed Name:\_ Title:\_**

**Preferred Phone Contact:** **☐Office ☐Cell** Cell Phone: \_

Mailing Address: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Email:\_](mailto:_Rsnyder@voaches.org)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART III: MEMBERSHIP DUES DETERMINATION AND VERIFICATION**

1. **Definition of Annual Revenue**

* The level of membership is determined by gross annual revenue, regardless of payer source for provision of services to children and adults. Payer sources may include the NC Department of Health and Human Services (Division of Mental Health, Developmental Disabilities, Substance Abuse; Division of Health Benefits / Medicaid;  Division of Social Services, Division of Vocational Rehabilitation); Local Management Entity - Managed Care Organizations (LME/MCOs); Standard Plans; Community Care of North Carolina / Carolina ACCESS; or other State funds, county funds, private pay, or insurance funding for services and supports in North Carolina to individuals who need mental health, intellectual/developmental disability, substance abuse, or foster care services.

## Verification of Annual Revenue for all membership levels

* + Submit verification from an independent Certified Public Accountant (CPA), financial consultant, or Agency CFO verifying and attesting to your gross revenue in NC.

### Payment Options: (Application must be filled out completely. Incomplete applications cannot be processed).

* + (ANNUAL PAYMENT) you must enclose the full renewal amount payable to the NC Providers Council by the renewal date.
  + (QUARTERLY PAYMENTS) If you would like to request quarterly payments, your request must be received before your expiration date to determine a pay schedule before your membership expires. Once approved, your 1st quarterly payment must be received within 30 days to keep your membership current.

## Dues Levels

### Check the appropriate box below based on your annual revenue (See III, A above):

|  |  |  |  |
| --- | --- | --- | --- |
| **Check Here:** | **Annual Revenue:** | **Annual Amount Due:** | **Quarterly Amount Due:** |
| X | $0 - $2,500,000 | $3,000 per year | $750 per Q |
|  | $2,500,001 - $5,000,000 | $5,000 per year | $1,250 per Q |
|  | $5,000,001 - $10,000,000 | $7,000 per year | $1,750 per Q |
|  | $10,000,001 - $25,000,000 | $10,000 per year | $2,500 per Q |
|  | $25,000,001 - $50,000,000 | $13,000 per year | $3,250 per Q |
|  | $50,000,001 - $75,000,000 | $16,000 per year | $4,000 per Q |
|  | $75,000,001 - $100,000,000 | $19,000 per year | $4,750 per Q |
|  | $100,000,001 - $125,000,000 | $22,000 per year | $5,500 per Q |
|  | $125,000,001 - $150,000,000 | $25,000 per year | $6,250 per Q |
|  | $150,000,001 – $175,000,000 | $28,000 per year | $7000 per Q |
|  | $175,000,001 - $200,000,000 | $31,000 per year | $7750 per Q |
|  | $200,000,001 - $225,000,000 | $34,000 per year | $8500 per Q |
|  | $225,000,001 - $250,000,000 | $37,000 per year | $9250 per Q |

The NC Providers Council is a nonprofit 501(C)(6) trade association. Dues and other contributions paid to this association may not be fully deductible as charitable contributions for federal income tax purposes because Internal Revenue Code Section 162(e) disallows tax deductions for lobbying expenditures.  Because a portion of annual membership dues may be nondeductible, NCPC will provide annual notification of the percentage of membership dues subject to the disallowance. Payments of membership dues *are* deductible for some members of a trade association under Section 1662 of the Internal Revenue Code as an “ordinary and necessary business expense” and as determined by each member’s tax advisor.

1. **Signature:** By my signature below I attest that the annual revenue indicated in III, D above is accurate and

consistent with the definition of annual revenue in III A above.

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Signature of CPA, CFO or Financial Consultant Printed Name and Date