



MOVING AGENCIES TOWARD EXCELLENCE

AN ASSOCIATION OF COMMUNITY PROVIDERS

Application for Membership

AGENCY NAME MEMBERSHIP YEAR

ADDRESS

CITY STATE ZIP

PHONE FAX

Membership Dues based on total Bucks, Chester, Delaware and Montgomery Counties budget allocation: (Please check one):

Table with 4 columns: BUDGET, DUES, BUDGET, DUES. Rows show budget ranges from \$0 to \$20,000,000+ and corresponding dues amounts.

Please make check payable to MAX

PRIMARY MAX CONTACT AND VOTING MEMBER FOR THE AGENCY TITLE

ADDRESS

CITY STATE ZIP

PHONE FAX E-MAIL

- Agency Member's Service Areas (Check all that apply)
O DD O Adult O Children
O BH O Adult O Children
O D&A O Adult O Children
O Bucks O Chester O Delaware O Montgomery



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Many agencies are able to send more than one representative to the regular monthly meetings and/or special projects. Please list those additional staff whom you wish to receive our monthly meeting information below or on the reverse side of this form. Updates can be sent to infomax@maxassociation.org at any time.

Regular Meeting: The second Wednesday of each month at the Greater Plymouth Community Center in Plymouth Meeting. For directions visit their website at www.plymouthcommunitycenter.org

There are no meetings in July or August.

If you have any questions concerning this form or any other MAX information, please contact us at (215) 822-6417.

List any other persons within your agency whom you would like contacted for special departmental meeting purposes.

HUMAN RESOURCES: NAME TITLE

ADDRESS

CITY STATE ZIP

PHONE FAX E-MAIL

FISCAL: NAME TITLE

ADDRESS

CITY STATE ZIP

PHONE FAX E-MAIL

COMMUNITY EDUCATION: NAME TITLE

ADDRESS

CITY STATE ZIP

PHONE FAX E-MAIL



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Supplemental Mailing List

Please list up to three (3) additional locations and/or persons that you wish to receive information from MAX.

Do not list person identified as Primary Contact.

NAME TITLE

ADDRESS

CITY STATE ZIP

PHONE FAX E-MAIL

NAME TITLE

ADDRESS

CITY STATE ZIP

PHONE FAX E-MAIL

NAME TITLE

ADDRESS

CITY STATE ZIP

PHONE FAX E-MAIL

MAX is requesting the following information in order to develop statistics to best represent members' impact on BH/DD/D&A services and the economy in our region for advocacy and marketing purposes. This will help in presenting the impact of MAX members on services in the region to the State Offices and legislators. (Please note that this information will be used in aggregate form only.)

Information for Bucks, Chester, Delaware and Montgomery Counties

_____ Number of individuals your organization employs
_____ Annual payroll of employees who work
_____ Agency total operating budget
_____ Number of unduplicated individuals served per year
_____ Adults _____ Children
_____ Date organization founded (mm/dd/yy)