



MOVING AGENCIES TOWARD EXCELLENCE

AN ASSOCIATION OF COMMUNITY PROVIDERS

Application for Associate Membership

ORGANIZATION NAME:	MEMBERSHIP YEAR	
ADDRESS		
CITY	STATE	ZIP

*Associate Membership Dues: \$1,000.00
Please make check payable to MAX
Membership dues are nonrefundable and are due by July 1*

PRIMARY MAX CONTACT FOR ORGANIZATION		
TITLE		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	E-MAIL

Organization's Specialties and service locations (Check all that apply)

Bucks			
BH	<input type="checkbox"/>	D&A	<input type="checkbox"/> ID <input type="checkbox"/>
Chester			
BH	<input type="checkbox"/>	D&A	<input type="checkbox"/> ID <input type="checkbox"/>
Delaware			
BH	<input type="checkbox"/>	D&A	<input type="checkbox"/> ID <input type="checkbox"/>
Montgomery			
BH	<input type="checkbox"/>	D&A	<input type="checkbox"/> ID <input type="checkbox"/>



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Membership in MAX includes access to various meetings, committees, roundtables, special events and forums as well as a preferred vendor program.

In order for both of these benefits to succeed, we need the contact information below

CEO/EXECUTIVE DIRECTOR:

NAME TITLE
Address
City State Zip
Phone Fax E-Mail

FISCAL:

NAME TITLE
Address
City State Zip
Phone Fax E-Mail

HUMAN RESOURCES:

NAME TITLE
Address
City State Zip
Phone Fax E-Mail

INFORMATION TECHNOLOGY:

NAME TITLE
Address
City State Zip
Phone Fax E-Mail



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MAX Committees

Also as a membership benefit, MAX has standing committees to address specific issues within the field. These committees are:

- Behavioral Health** Assists members with issues specific to behavioral health services and supports.
- Advocacy & Policy** Assists members in educating elected officials about issues of importance. Informs members of impactful legislative action. Increases awareness of both staff and consumers of the importance of civic engagement and voting.
- Conference** Plans and organizes the annual MAX conference.
- Developmental/Intellectual Disability** Assists members with issues specific to developmental disabilities.
- Recruitment and Retention** Assists members in developing strategies to attract and retain qualified personnel and to enhance the image of the Direct Support Professional.

Please list the persons within your company who are interested in joining a committee.

<u>ADVOCACY & POLICY COMMITTEE</u>			
NAME	TITLE		
Address			
City	State	Zip	
Phone	Fax	E-Mail	
<hr/>			
<u>BEHAVIORAL HEALTH COMMITTEE</u>			
NAME	TITLE		
Address			
City	State	Zip	
Phone	Fax	E-Mail	



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CONFERENCE COMMITTEE

NAME TITLE
Address
City State Zip
Phone Fax E-Mail

DEVELOPMENTAL/INTELLECTUAL DISABILITIES COMMITTEE

NAME TITLE
Address
City State Zip
Phone Fax E-Mail

RECRUITMENT & RETENTION COMMITTEE

NAME TITLE
Address
City State Zip
Phone Fax E-Mail



**Regular Membership Meetings are the second Wednesday of each month (unless rescheduled)
There are no meetings in March, July, August or December.**

ACKNOWLEDGEMENTS

I understand that as a MAX Associate Member, I have the right to attend and participate in MAX meetings and other MAX-sponsored events. I also understand that as an Associate member, our agency will have no voting rights. By affixing my signature below, I agree that no soliciting of member agencies will be carried out at MAX meetings.

By signing below I certify that I have read and agree that membership in MAX is a privilege that remains at the discretion of the MAX Board. Membership may be revoked by the MAX Board at any time with or without cause. The membership year is July 1 to June 30. Membership fees are due annually at the beginning of the membership year and are non-refundable. By my signature below, I also certify that I am an authorized party to sign for the named organization.

(Signature)

(Title)

(Date)

**If you have any questions
please contact us at (610) 825-2026
Visit our website at maxassociation.org**