



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 revenues for services for persons with developmental/intellectual disabilities, behavioral health and/or drug and alcohol involvement in Bucks, Chester, Delaware, and Montgomery Counties: (Please check one):**

REVENUE:	DUES:	REVENUE:	DUES:
<input type="checkbox"/> \$0 to \$.99M	\$500	<input type="checkbox"/> \$10M to \$14.99M	\$4,000
<input type="checkbox"/> \$1M to \$2.99M	\$1,000	<input type="checkbox"/> \$15M+	\$5,000
<input type="checkbox"/> \$3M to \$4.99M	\$2,000		
<input type="checkbox"/> \$5m to \$9.99m	\$3,000		

**Please make check payable to MAX  
(Dues are due by July 1)**

<b>PRIMARY MAX CONTACT AND VOTING MEMBER FOR THE AGENCY:</b>			
TITLE:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	FAX:	E-MAIL:	

<b>Agency Member's Service Areas (Check all that apply)</b>			
Bucks County	Chester County	Delaware County	Montgomery County
DD: <input type="checkbox"/>	DD: <input type="checkbox"/>	DD: <input type="checkbox"/>	DD: <input type="checkbox"/>
BH: <input type="checkbox"/>	BH: <input type="checkbox"/>	BH: <input type="checkbox"/>	BH: <input type="checkbox"/>
D&A: <input type="checkbox"/>	D&A: <input type="checkbox"/>	D&A: <input type="checkbox"/>	D&A: <input type="checkbox"/>
<b>Revenue Total:</b> _____	_____	_____	_____

**CEO/EXECUTIVE DIRECTOR:**

NAME TITLE  
Address  
City State Zip  
Phone Fax E-Mail

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**FISCAL:**

NAME TITLE  
Address  
City State Zip  
Phone Fax E-Mail

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**HUMAN RESOURCES:**

NAME TITLE  
Address  
City State Zip  
Phone Fax E-Mail

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**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. Keeps members aware 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 you're agency who are interested in joining a committee.

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

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**DEVELOPMENTAL/INTELLECTUAL DISABILITIES COMMITTEE**

NAME TITLE  
Address  
City State Zip  
Phone Fax E-Mail

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**RECRUITMENT & RETENTION COMMITTEE**

NAME TITLE  
Address  
City State Zip  
Phone Fax E-Mail



**MOVING AGENCIES TOWARD EXCELLENCE**

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.)

Date Organization was founded:

<b>Information</b>	<b>Bucks</b>	<b>Chester</b>	<b>Delaware</b>	<b>Montgomery</b>
<b>Number of individuals your organization employs:</b>				
<b>Annual payroll of employees who work:</b>				
<b>Number of unduplicated individuals served per year:</b>				
<b>Children:</b>				
<b>Adults</b>				

**Regular Meeting: The second Wednesday of each month (unless otherwise rescheduled)**

There are no meetings in March, July, August or December

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 concerning this form or any MAX Information, please contact us at (610) 825-2026**

**Visit our website at [maxassociation.org](http://maxassociation.org)**