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APPLICATION FOR MEMBERSHIP

Our agency is requesting  agency  affiliate (check one) membership in CBH.

We understand that to be considered for agency membership we must be an agency licensed or approved by the relevant governmental authorities for all categories of mental health services we deliver to citizens of Maryland or a consumer organization representing recipients of such services.

An affiliate member is an organization that does not provide community rehab, treatment and/or support services or qualify for member agency status as a consumer organization, but supports the mission of CBH. Affiliate members can not vote, be represented on the Board of Directors, or serve as Chair of a Standing Committee.

Name of Organization: \_\_\_\_\_

Director: \_\_\_\_\_

Contact Person if not Director: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe the type of services you provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you find out about CBH: \_\_\_\_\_

Please include the following materials with your application:

- Most recent Audited Annual Report       Program Brochure(s)

“Member Agency” dues will be calculated based on total revenues received in delivering mental health services during your most recent audited fiscal year. 1) Multiply the first \$3 million of that total by .0023. 2) Multiply the balance by .001. 3) Dues = #1 + #2.

Dues for “affiliate members” are currently set at a minimum of \$500 (revenues under \$250,000) to a maximum of \$750 (revenues over \$250,000) but are subject to change by the Board.

NOTE: Dues will be prorated from the time your agency gets Board approval through the end of the current fiscal year.

**revised 7/08**