



Georgia Association
of Homes & Services
for Children

GAHSC Membership Application

YEAR _____

Name: _____ Title _____

Name of Agency: _____

Address: _____
Street City State Zip Code

Administrator: _____

Work Phone: _____ Home Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

1. List the services your agency provides to children and families.
2. What state license do you hold as a provider?
3. List your collaborative partners in the community.
4. What other professional or community memberships does your agency hold?
5. Is your agency accredited? By whom?

\$ _____ full annual amount due. (see reverse side)

Enclosed is a check in the amount of \$ _____ for payment of dues.

Please indicate the type of payment:

____ Annual dues (based on prorated annual amount due)

____ Quarterly dues (based on prorated annual amount due paid on a quarterly basis)

Make checks payable to GAHSC
34 Peachtree St. NW Suite 2230 - Atlanta, Georgia 30303

I certify that the above information is accurate to the best of my knowledge and belief. I affirm that we are an agency (I am an individual) that supports and adheres to the GAHSC Code of Ethics.

Signed: _____ Date: _____
Name Title

MISSION: GAHSC supports children and families at risk by strengthening agencies that serve them.



GAHSC Membership Dues

There are three different types of membership in GAHSC--Regular Membership, Associate Membership and Individual Membership. Membership dues are renewed each January. Regular Membership Dues shall be no less than \$600.00 and no more than \$7,500. Prorated dues for new members only are as follows: If an new agency becomes a member during the first quarter of the calendar year, you pay the full amount. If during the second quarter of the calendar year, you pay 75%. If during the third quarter of the calendar year, you pay 50%. If during the last quarter of the calendar year, you pay 25%.

<p style="text-align: center;">Regular Membership</p> <p>Any private agency located within the State of Georgia providing out-of-home or in-home direct care services to at-risk children and their families and adhering to the GAHSC Code of Ethics is eligible to become a Regular member of GAHSC.</p>	<p style="text-align: center;">Regular Membership Dues</p> <p>* Agency Current Expenditure Budget: Subtotal \$ _____</p> <p>Multiply above subtotal x 0.004</p> <p>Total Agency Dues: \$ _____</p> <p>Minimum Dues: \$600</p> <p>Maximum Dues: \$7,500</p>
<p style="text-align: center;">Associate Membership</p> <p>Any organization, association, corporation or foundation not normally eligible for regular membership but is located in the State of Georgia and is supportive of the mission of GAHSC may be eligible for Associate Membership. All Associate Membership dues are \$600.00 annually. However, an associate member may apply the same prorated payment as is listed above for full membership.</p> <p>Associate Dues: <u>\$600.00</u></p>	<p style="text-align: center;">Individual Membership</p> <p>Any individual not employed by an agency which is eligible for regular membership and one who is supportive of the mission of GAHSC may become an Individual Member. Individual Membership dues are \$100.00 annual and are due in January of each New Year.</p> <p>Individual Dues: <u>\$100.00</u></p>

*The expenditure budget for an organization is the total expenditures for the full scope of services to children and families. Services that exclusively serve adults such as nursing homes and personal care homes can be backed out of ones expenditure budget. Mental Health services that serve families and children cannot be excluded even though they may have an adult population.

MISSION: *GAHSC supports children and families at risk by strengthening agencies that serve them.*