****

**New Member Application**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you to MARF? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services does your organization provide to people with disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accredited: ❏ Yes ❏ No / Type of Accreditation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏ Not-For-Profit ❏ For-Profit❏ SB40

Why would you like to become a MARF member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Association Member Dues**: Please check one box below that fits your organizations total revenue. Dues are based on the size of the organization as determined by the revenue reported on the IRS form including: Non-Profit: Form 990, For-Profit: Form 1120 or 1120-s (Corporation), Form 1065 (Partnership), Form 1065 or 1120 (LLC). SB40 Boards may deduct the tax levy amount. Please attach the first page of the appropriate IRS form to this application for verification purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Budget**  | **Annually** | **Quarterly**  | **Monthly**  |
| ❏ $0 to $99,999 | $270 | $67.50 | n/a  |
| ❏ $100,000 to $299,999 | $450 | $112.50 | n/a |
| ❏ $300,000 to $499,999 | $675 | $168.75 | n/a |
| ❏ $500,000 to $999,999 | $900 | $225 | n/a  |
| ❏ $1,000,000 to $1,499,999 | $1,350 | $337.50 | n/a |
| ❏ $1,500,000 to $1,999,999 | $1,800 | $450 | $150 |
| ❏ $2,000,000 to $2,499,999 | $2,250 | $562.50 | $187.50 |
| ❏ $2,500,000 to $2,999,999 | $2,700 | $675 | $225 |
| ❏ $3,000,000 to $3,499,999 | $3,150 | $787.50 | $262.50 |
| ❏ $3,500,000 to $3,999,999 | $3,600 | $900 | $300 |
| ❏ $4,000,000 to $4,499,999 | $4,050 | $1012.50 | $337.50 |
| ❏ $4,500,000 to $4,999,999 | $4,500 | $1,125 | $375 |
| ❏ $5,000,000 to $5,499,999 | $4,950 | $1,237.50 | $412.50 |
| ❏ $5,500,000 to $5,999,999 | $5,400 | $1,350 | $450 |
| ❏ $6,000,000 to $6,499,999 | $5,850 | $1,462.50 | $487.50 |
| ❏ $6,500,000 to $6,999,999 | $6,300 | $1,575 | $525 |
| ❏ $7,000,000 to $7,499,999 | $6,750 | $1,687.50 | $562.50 |
| ❏ $7,500,000 to $7,999,999 | $7,200 | $1,800 | $600 |
| ❏ $8,000,000 to $11,999,999 | $7,650 | $1912.50 | $637.50 |
| ❏ $12,000,000 to $17,000,000 | $10,800 | $2,700 | $900 |
| ❏ $17,000,000 and above | $12,000 | $3,000 | $1,000 |

**MARF Member Representatives**:

**1.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Participant (pick one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Living

**2.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Participant (pick one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Living

**3.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Participant (pick one): \_\_\_\_\_ Employment \_\_\_\_\_\_ Community Living

**4.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Participant (pick one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Living

Please submit a completed membership application and return it along with

the first page of your most recent IRS form for verification.

If you choose to pay the membership dues annually, please include your dues payment made payable to MARF. Members that choose to pay Quarterly or Monthly

will be invoiced accordingly. Please mail the form to:

**MARF**

**205 East Capitol Avenue**

**Suite 100**

**Jefferson City, Missouri 65101**