



**MEMBERSHIP APPLICATION**  
**July 1, 2021 - June 30, 2022**

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

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

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

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

Select all that apply:  Not-For-Profit  For-Profit  VR Services  DD Services  SB40  TCM

CARF Accredited:  Yes  No

How many consumers are served? \_\_\_\_\_ How many staff are employed? \_\_\_\_\_

What Missouri counties do you serve? \_\_\_\_\_

**Member Dues:** Please check the box below that reflects your organizations annual Missouri revenue.

<u>Annual Budget</u>	<u>Annually</u>	<u>Quarterly</u>
<input type="checkbox"/> \$0 to \$99,999	\$240	-
<input type="checkbox"/> \$100,000 to \$299,999	\$400	-
<input type="checkbox"/> \$300,000 to \$499,999	\$600	-
<input type="checkbox"/> \$500,000 to \$999,999	\$800	-
<input type="checkbox"/> \$1,000,000 to \$1,499,999	\$1,200	\$300
<input type="checkbox"/> \$1,500,000 to \$1,999,999	\$1,600	\$400
<input type="checkbox"/> \$2,000,000 to \$2,499,999	\$2,000	\$500
<input type="checkbox"/> \$2,500,000 to \$2,999,999	\$2,400	\$600
<input type="checkbox"/> \$3,000,000 to \$3,499,999	\$2,800	\$700
<input type="checkbox"/> \$3,500,000 to \$3,999,999	\$3,200	\$800
<input type="checkbox"/> \$4,000,000 to \$4,499,999	\$3,600	\$900
<input type="checkbox"/> \$4,500,000 to \$4,999,999	\$4,000	\$1000
<input type="checkbox"/> \$5,000,000 to \$5,499,999	\$4,400	\$1100
<input type="checkbox"/> \$5,500,000 to \$5,999,999	\$4,800	\$1200
<input type="checkbox"/> \$6,000,000 to \$6,499,999	\$5,200	\$1300
<input type="checkbox"/> \$6,500,000 to \$6,999,999	\$5,600	\$1400
<input type="checkbox"/> \$7,000,000 to \$7,499,999	\$6,000	\$1500
<input type="checkbox"/> \$7,500,000 to \$7,999,999	\$6,400	\$1600
<input type="checkbox"/> \$8,000,000 to \$11,999,999	\$6,800	\$1700
<input type="checkbox"/> \$12,000,000 to \$17,000,000	\$9,600	\$2400
<input type="checkbox"/> \$17,000,000 and above	\$10,000	\$2500

**MARF Member Representatives:**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**MARF Voting Member:**

Each member organization is allowed one member that may vote on any matter that comes up for a membership vote. Please identify your voting member below:

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

**Note:** Please submit this form by June 30, 2021 along with the first page of your most recent Missouri tax form for membership dues verification. If you are a SB40 Board, please submit a copy of your annual budget that reflects total revenue related to services for membership dues 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 will be invoiced accordingly.

Please mail to:

**MARF  
P.O. Box 105590  
Jefferson City, Missouri 65110**