



MARO 2018 Membership Application

1. Name of organization as it should appear on the Certificate of Membership and in the Online Membership Directory on the MARO website:

2. Principal Representative

Name: _____

Title: _____

Email: _____

3. Alternate Representative

Name: _____

Title: _____

Email: _____

4. Phone: _____ **Fax:** _____ **Website:** _____

5. Additional emails for staff members that you would like to receive MARO Updates, Info/Action Alerts, and seminar and conference notices:

6. What industry issues or public policies are most important to your organization in 2018?

7. What training or professional development topics would be most valuable to your staff in 2018?

8. Is your organization accredited by:

CARF Joint Commission Other _____

9. Annual revenue from service contracts or authorizations from Michigan Rehabilitation Services:

\$ _____

10. Annual revenue from service contracts or authorizations from Bureau of Services for Blind Persons:
\$ _____

11. Annual revenue from service contracts or authorizations from Community Mental Health Agencies:
\$ _____

12. In the most recent fiscal year, how many individuals received services from your organization:

13. MARO administers an exclusive self insured Worker's Compensation Fund for members that has returned over \$22 million of premium to fund members - that's 36% of premium collected. If your organization doesn't currently receive Worker's Compensation coverage through MARO, would you be interested in receiving a free quote?
__ Yes __ No

14. Dues Structure

The MARO dues structure is calculated based on a percentage of revenue, (.0028) with a minimum of \$750, and the following tiered structure for the maximum.

Revenue under \$1.61 million will use the calculated result of (x.0028)	
Revenue \$1.61-\$2.9 million	Maximum \$4,500
Revenue \$3.0-\$4.9 million	Maximum \$5,000
Revenue \$5.00-\$9.9 million	Maximum \$5,500
Revenue \$10.00-\$24.9 million	Maximum \$6,000
Revenue \$25.0-\$50 million	Maximum \$6,500
Revenue Over \$50 million	Maximum \$7,000

Private, not-for-profit organization (Maximum see table above, minimum \$750)

Amount from **line 12** of most recent IRS form 990 _____

Multiplied x .0028 to calculate dues: _____

Private, for-profit organization (Maximum see table above, minimum \$750)

Amount from **line 11** most recent IRS form 1120 _____

Multiplied x .0028 to calculate dues: _____

Public organization (Maximum see table above, minimum \$750)

Amount of program budget devoted to employment, Community living and/or residential services

Multiplied x .0028 to calculate dues: _____

15. Name and address to which dues invoice should be sent:

16. Billing options (choose one):

___ Invoice the entire amount due ___ Invoice in quarterly increments ___ Payment enclosed