



## 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

MARO – 417 Seymour Ave, Suite 5 – Lansing, MI 48933