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**New Member Payment Plan**

**Available if Needed**

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

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

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

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

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider Member Dues**: Dues are based on the number of participants you are licensed to serve by the Department of Health and Senior Services. Please check one box below that fits your organization’s licensed capacity of participants. The membership payment can be made in 1 lump sum or distributed over a 3-month or 6-month period. Payment plans are as follows with the first payment due at the time the application is filed.

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| --- | --- | --- | --- |
| **Licensed Capacity** | **Annual Dues** | **Payments for a period of 3 months** | **Payments for a period of 6 months** |
| ❏ 0 – 24 participants | $200 | $66.67 | $33.34 |
| ❏ 25-39 participants | $300 | $100 | $50.00 |
| ❏ 40-59 participants | $400 | $133.34 | $66.67 |
| ❏ 60-85 participants | $500 | $166.67 | $83.34 |
| ❏ 86+ participants | $600 | $200.00 | $100.00 |
|  |  |  |  |

**Payment Agreement**: By signing this agreement, I agree that a payment of **$\_\_\_\_\_\_\_\_\_** will be sent so that it is received by the MoADSA Office by the 10th of each month until the total amount due, which is

$\_\_\_\_\_\_\_\_\_\_ has been paid in full. Payments not received by the 10th of the month will incur a 5% late fee.

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

Director’s signature Date