



1101 King Street, Suite 380, Alexandria, VA 22314

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ancor@ancor.org www.ancor.org

STATE ASSOCIATION CONTACT INFORMATION (Please fill out all of the requested information.)

Organization CEO/Executive Director

Primary Contact (designated representative for your organization) Email

Address City State Zip

Telephone Website

Twitter Facebook LinkedIn

DUES: State Provider Association A state provider association associate member is entitled to all ANCOR membership benefits, including the right to elect a state executive liaison to the ANCOR Board of Directors. In addition, the state association executive or designee is invited to participate in the ANCOR State Provider Association Executives Forum. ANCOR benefits do not convey to members of the state association.

State Provider Association Associate Membership Dues Levels Based on Annual Operating Expenses.

- Under \$100,000.....\$1,485
- \$100,001 - \$250,000.....\$2,940
- \$250,001 - \$500,000.....\$5,115
- \$500,001 - \$750,000.....\$6,580
- \$750,001 and over.....\$8,740

TOTAL STATE ASSOCIATION DUES

\$

IMPORTANT INFORMATION

- ANCOR is a nonprofit 501(C)(6) trade association. Dues, contributions and other assessments paid to this association are not deductible as charitable contributions for federal income tax purposes. However, payments of membership dues are deductible for most members of a trade association under Section 1662 of the Internal Revenue Code as an ordinary and necessary business expense.
- ANCOR estimates that up to eight percent (8%) of 2022 dues will be designated for “lobbying” activities. Under federal legislation, businesses may not take tax deductions for business expenses that pertain to lobbying. Therefore, for 2022, 92 percent (92%) of the above payment may qualify for tax deduction as a business expense. Please consult with your tax advisor.
- ANCOR uses email as the principal means of communicating with members, to inform you of our activities and important legislative and regulatory happenings, to share opportunities for professional and organizational development, and to give you updates on a variety of subjects across the spectrum of our members’ interests. By any email associated with your organization, you hereby consent for the organization to receive any email communications sent by or on behalf of American Network of Community Options and Resources (ANCOR), the ANCOR Foundation, Inc., or the ANCOR Services Corporation.

QUALITY PLEDGE

By signing, I acknowledge on behalf of my organization that ANCOR members commit to the prescribed standards and principles outlined in the enclosed Quality Pledge, which you can access online at https://www.ancor.org/sites/default/files/ancor_quality_pledge_updated.pdf.

MEMBER ORGANIZATION PROFILE

To better understand the profile of our membership, we are collecting key information to deepen our understanding of our members and the people they support. Please enter your organization's information at surveymonkey.com/r/memberupdate2022. Please note that your membership application may be considered incomplete until you have furnished the information requested.

AGENCY CEO/EXECUTIVE DIRECTOR (Signature Required)

By completing and submitting this application, I acknowledge that...

- By submitting this form, I certify that dues calculated are based on total operating expenses as defined above.
- I have reviewed, and my organization agrees to uphold the tenets of, ANCOR's Quality Pledge.
- I've completed the Member Organization Profile.
- I have read and acknowledge the information provided in the 'Important Information' section above .

Signature _____

ANCOR Foundation General Contribution

The ANCOR Foundation exists to build and honor the exceptional leaders that cultivate truly inclusive communities for people with intellectual and developmental disabilities. Our work recognizes and supports those who provide the programs, resources and information that empower people of all disabilities to live and work in the community and enjoy greater independence and self-determination. All donations to the 501c3 Foundation are tax-deductible.



GENERAL CONTRIBUTION TO THE FOUNDATION

\$

B. PAYMENT OPTIONS

Check made payable to ANCOR \$ _____
(Please return this form with your **check** to PO Box 62576, Baltimore, MD 21264-2576)

If you prefer to pay by credit card rather than check, please contact ANCOR at (703) 535-7850, EXT. 101

ANCOR's FLEXIBLE Payment Schedule (first payment due with application)

- Two Payments of \$ _____ (on January 1 and June 1) Quarterly* \$ _____ per quarter for 4 quarters
 Other* (Must be approved by ANCOR's accounting office)

**Retroactive to January 1, 2022*