



2010 Membership Application

Name and Address of organization as it should appear on the Certificate of Membership and in the On-line Membership Directory:

Name and Title of Principal Representative:

Name and Title of Alternate:

Telephone Number:

Fax Number:

e-mail(s):

Web Site:

E-Mails for MARO Update, Seminars & Conferences and other MARO notices (Please list all names with e-mails in your agency that you want to receive information from MARO):

Michigan State Senate District(s) served by your agency: _____

Michigan State House District(s) served by your agency: _____

Accreditation

Please check the accreditation(s) you currently hold

- CARF
- JCAHO
- COA
- Accreditation Council
- ISO/QS
- Other _____

Services Offered Please check the services offered by your organization:

- | | |
|--|--|
| <input type="checkbox"/> Employment and Training | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Psychosocial Rehabilitation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Outpatient Medical Rehabilitation |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Inpatient Medical Rehabilitation |
| <input type="checkbox"/> Clinical Mental Health Services | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Work Hardening | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Personal and Social Adjustment | <input type="checkbox"/> _____ |

Dues

1. Private, not-for-profit organization (Maximum \$5,400, minimum \$560)
Amount from line 12 of most recent IRS form 990 _____ x .0028 = _____
 2. Private, for-profit organization (Maximum \$5,400, minimum \$560)
Amount from line 11 most recent IRS form 1120 _____ x .0028 = _____
 3. Public organization (Maximum \$5,400, minimum \$560)
Amount of program budget _____ x .0028 = _____
- Signature _____ Date _____

Customers

Please indicate which agencies are purchasing services from your organization:

- | | |
|--|---|
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> Department of Human Services |
| <input type="checkbox"/> Department of Community Health | <input type="checkbox"/> Michigan Prisoner Re-Entry |
| <input type="checkbox"/> Michigan Rehabilitation Services | <input type="checkbox"/> _____ |
| <input type="checkbox"/> DLEG - Work First | <input type="checkbox"/> _____ |
| <input type="checkbox"/> DLEG - WIA | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Michigan Commission for the Blind | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Schools, special education, etc. | |
| <input type="checkbox"/> Private insurance (worker comp, no-fault, etc.) | |
| <input type="checkbox"/> Private employers | |

Training

Please indicate what seminars and training you would like MARO to offer in 2010:

Please list the three most important issues that you believe will face our industry and your organization in 2010:

1.

2.

3.