

**MISSOURI ASSOCIATION OF COUNTY
DEVELOPMENTAL DISABILITIES SERVICES
(MACDDS)
APPLICATION FOR MEMBERSHIP/RENEWAL
For the Year 2012**

_____ **Date of Application**

Membership is limited to boards established by election in accordance with RSMo 205.968-205.972. Each member board has only one vote, and can designate only three voting persons. Designees may be staff or board members or staff of a not-for profit group whom is financially supported with county tax levy funds.

The County/City Board agrees with MACDDS Constitution and wishes to become a member of the Missouri Association of County Developmental Disabilities Services.

Official legal title of County/City Board (Do not use your Not-For-Profit Corporation title):

Mailing Address: _____

Website Address: _____ County: _____

Phone Number: _____ FAX Number: _____

E-MAIL _____ E-mail recipients name _____

Indicate how you would like to receive your MACDDS correspondence (e-mail or regular mail):

Current Year Estimated Tax Income: _____

Executive Director: _____

(If one is employed)

Voting Member: _____ Title: _____

1st Alternate: _____ Title: _____

2nd Alternate: _____ Title: _____

PLEASE BE AS ACCURATE AS POSSIBLE WITH THE FOLLOWING INFORMATION AS THESE NUMBERS WILL BE USED AS LEGISLATIVE AND STATE DEPARTMENT COMMUNICATIONS.

FOR ORGANIZATIONS THAT PROVIDE SERVICES:

Total # of employees (full and part-time): _____

Total # of unduplicated clients served: _____

FOR ORGANIZATIONS THAT CONTRACT FOR SERVICES:

Total # of staff employed by your contracted agencies: _____

Total # of unduplicated clients: _____

Return with payment to:

MACDDS

c/o Lynn Wells Smith, Progressive Community Services, 1025 North 22nd Street, St. Joseph, MO 64506
(816)364-1995 (phone) · (816)364-0470 (fax)