

**MISSOURI ASSOCIATION OF COUNTY DEVELOPMENTAL DISABILITIES SERVICES
(MACDDS)
Related Private Organization Application**

Date of Application: _____

Name of Organization _____

Physical Address: _____

Telephone Number: _____ **Fax Number:** _____

E-Mail _____ **Recipient / Title:** _____

Website Address: _____

Person making request: _____ **Title:** _____

Not-for-Profit Corporation? Yes _____ No _____

Related Private Organizations shall be defined as those agencies and individuals whose primary purpose is to advocate and/or provide and/or cause to create support services to individuals with developmental disabilities and their families. Does this definition describe your organization?

Yes _____ No _____

Please note: The application of a **Related Private Organization** must have a recommendation from at least one MACDDS member county SB 40 Board. Please attach at least one letter of recommendation from a MACDDS member county SB 40 Board director.

The base annual membership fee is **\$1,500** plus \$1.00 for each person to whom the RPO provides targeted case management. The number of persons who receive TCM from the RPO as of Dec. 1,

2017 is: _____ x \$1.00 = \$ _____

Base Fee \$1500

TOTAL DUES: \$ _____

As per MACDDS by-laws, RPO applications must be submitted and approved by the membership. Approvals will be completed at the MACDDS meeting immediately following receipt of the application. The completed form with the check, payable in the amount of the total dues (as per above) to MACDDS, must accompany this application. If the application is not approved, the uncashed check will be returned.

Please mail completed form and payment to:

MACDDS Office
311 S. Providence Rd.
Columbia, MO 65203

Revised 12/13/2017