



PROVIDER MEMBERSHIP RENEWAL 2023

Organization Name:

Renewal Contact:

email:

Address:

City/Town:

State:

Zip:

Phone:

Fax:

President/CEO:

email:

Executive Assistant:

email:

CFO:

email:

Communications Director:

email:

Public Policy Director:

email:

HR Director:

email:

Learning/Training Director:

email:

Website: _____

Would you like a link to your website posted on ours (www.providers.org)? Yes No

Number of employees: Full time: ____ Part time: ____ Volunteers: ____

Funding Sources (please check all that apply and circle or highlight Primary Purchasing Agent):

DCF DDS DMH DPH DTA DVS __ DYS EEC
MCH MCDHH MRC ORI OOM DHCD DOEA

Other, please specify: _____

Annual Revenue (line 12 of your most recent 990 – *please attach a copy of the first page*):\$ _____

Dues Calculation:	<u>Annual Revenue:</u>	<u>Dues Amount:</u>
	< \$1M	\$525
	\$1M - \$2M	\$1,050
	\$2M - \$4M	\$2,775
	\$4M - \$6M	\$3,950
	\$6M - \$8M	\$5,000
	\$8M - \$10M	\$5,300
	\$10M - \$15M	\$5,900
	\$15M - \$20M	\$6,400
	\$20M - \$25M	\$6,900
	\$25M - \$30M	\$7,500
	\$30M - \$60M	\$8,000
	\$60M - \$100M	\$9,000
	\$100M - \$150M	\$10,750
	\$150M+	\$15,000

Please make checks payable to MCHSP, Inc. Mail to: 100 Crossing Blvd., Suite 100, Framingham, MA 01702.



PROVIDER MEMBER BENEFITS

Find Out How You Can Save

Providers' Council members receive access to numerous discounted and valued-added programs and services. Please indicate which of these programs and services interest you and let us know to whom on your staff we should provide more information.

Employee Benefits & Workforce Development Programs – select all that apply

- Delta Dental Insurance
- Disability Insurance
- Graduate-level Certificate in Nonprofit Human Services Management
- Life Insurance
- Personal Home and/or Auto Insurance
- Professional Development Trainings & Webinars
- Providers' eAcademy (online training system)
- Tuition Remission
- Vision Insurance

Discounted Purchasing Programs – select all that apply

- Furniture and Interior Design
- Property & Casualty Insurance
- Vehicle Acquisition, Management and/or Disposal
- Additional Group Purchasing Vendors

Human Resources Programs – select all that apply

- Grant Writing/Seeking Software
- Reference-Checking Software
- Unemployment Compensation Management

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Questions? Contact Ann Schuler at ann@providers.org or call 508.598.9800.

Note: Dues are not deductible as a charitable contribution.
Membership lasts for the calendar year: January through December.