



Name of Organization: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Services Provided: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Type / Membership Level: (use total # of employees to calculate)

- |                                 |   |
|---------------------------------|---|
| _____ X \$50 per year           | <b>FULL MEMBERSHIP</b><br>Currently providing Citizen Directed Supports   |
| _____ X \$75 per year           | <b>ASSOCIATE LEVEL 1</b><br>Service Provider with evidence of moving organization towards providing Citizen Directed Supports |
| _____ X \$500 per year<br>Total | <b>ASSOCIATE LEVEL 2 (non-service organization)</b><br>Identify type of organization:<br>_____                                |
| _____ \$ TOTAL                  |   |

Please scan / email to: [info@thecollaborativenj.org](mailto:info@thecollaborativenj.org) or fax to: 973-756-4123  
 Invoice will emailed to the above Contact Person

\*\*\*\*\* For the Collaborative use only \*\*\*\*\*

Full: \_\_\_\_ Associate 1: \_\_\_\_ Associate 2: \_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_