



FY.2022 MEMBERSHIP APPLICATION/RENEWAL

Organizational Information

Organization Name: _____

Year Of Incorporation: _____ EIN: _____ # Of Locations: _____

Choose One: for profit non-profit government entity

Street Address: _____

City: _____ State: _____ Zip: _____

CEO/Lead Contact: _____ Email: _____ Phone: _____

Billing Contact: _____ Email: _____ Phone: _____

HR Contact: _____ Email: _____ Phone: _____

Organization supports CBH's mission to improve access to treatment and improve the quality of community-based behavioral health care.

Budget and Dues Information

Your dues support CBH advocacy on workforce and budget matters spanning federal, state and local jurisdictions.

Total Maryland-based behavioral health budget:

- Revenue generated from publicly funded services, such as Medicare or Beacon Health Options
- Behavioral health services supported by grants from or contracts with hospitals or federal, state or county entities, such as BHA, CHRC, or SAMHSA
- Revenue from commercial payers

If your organization provides any of the direct services listed above, please select dues as a full organizational member below based on your organization's Maryland behavioral health budget:

Enter total behavioral health revenue:		
Line 2	Multiply revenue up to \$3M by 0.0023:	
Line 3	Take revenue above \$3M and below \$10 M by 0.001:	+
Line 4	Multiply revenue above \$10M by 0.0005:	+
TOTAL:	Add lines 2, 3, and 4 for total dues: *	=

*For new members, dues are reduced 50%.

Invoice preference: one annual payment four quarterly payments

If your organization does not provide any of the direct services listed above, please select a membership option below:

nonprofit ally: \$1,000 corporate partner: \$8,000

If you have any questions, please contact Moshera Sees, Manager of Member Services, at moshera@mdcbh.org



Member Profile

Understanding your service array and vendors helps us better meet your needs. Help us identify potential discounts, learning opportunities, and details about your services by completing the questions below.

Please indicate services your organization provides, and number served annually (skip if you are an affiliate member who does not offer direct services to consumers):

<input type="checkbox"/> Outpatient mental health clinic or group practice	# Consumers:
<input type="checkbox"/> Crisis beds	# Consumers:
<input type="checkbox"/> Residential rehabilitation services	# Consumers:
<input type="checkbox"/> Psychiatric rehabilitation program	# Consumers:
<input type="checkbox"/> Mobile crisis services or ACT	# Consumers:
<input type="checkbox"/> Targeted case management	# Consumers:
<input type="checkbox"/> Outpatient SUD treatment (ASAM L1)	# Consumers:
<input type="checkbox"/> SUD IOP (ASAM L2)	# Consumers:
<input type="checkbox"/> Residential services (ASAM L3)	# Consumers:
<input type="checkbox"/> Peer or family support	# Consumers:
<input type="checkbox"/> Health home	# Consumers:
<input type="checkbox"/> Vocational rehab, including supported employment	# Consumers:

Vendors or Services Used by Member

Please indicate which vendors your organization uses for the following services (skip if you are an affiliate member who does not offer direct services to consumers):

Vendor Type	Specific Vendor Used
Electronic Medical Record	
Pharmacy	
Labs	
Learning Management System	
Human Resources Information System	
Clinical Analytics	
Other	

How did you hear about us?

What interests you most about membership?

Please submit this form to Moshera Sees, Manager of Member Services, at moshera@mdcbh.org