



FY2019 MEMBERSHIP APPLICATION/RENEWAL

Organizational Information

Organization Name:

Year of Incorporation:

EIN:

Choose One:

For-Profit | Non-Profit | Gov't Entity

Street address:

City:

State:

Zip:

Contact Name & Title:

Email:

Phone:

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

Behavioral Health Services Offered by Member

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

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:

Behavioral Health Revenue	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 0.005	+
TOTAL:	Add lines 2, 3, and 4 for total dues	=

For new members, dues are reduced 25% per quarter.

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



Special Offer for Substance Use Treatment Providers

For FY2019, CBH is offering community-based substance use treatment providers in Maryland a multi-year discount rate. This offer is available only to new CBH members. This will allow substance use treatment providers to join and experience the benefits of full membership as CBH seeks to ensure that its advocacy addresses the needs of both addiction and mental health providers.

- FY2019: join CBH at a 75% discount off of the listed rate;
- FY2020: continue your membership in CBH at 50% off of the listed rate;
- FY2021: continue your membership in CBH at 25% off of the listed rate;
- FY2022: continue your membership in CBH at the full member price.

Marketing Opportunity for Affiliate Members

Affiliate members may market up to two annual events or opportunities through CBH's weekly newsletter and other marketing outreach agreed upon in advance. Marketing materials should be shared in Word or other format that allows for copying and pasting (not Adobe pdf).

	First Event or Opportunity	Second Event of Opportunity
Event Type		
Anticipated Date		

Required Attachments

Please submit copies of the following documents with your membership application:	
Most recent Audited Financial Statement for organization	
Program brochure	
Current statement of program revenue	
Are you accredited? If so, please identify accrediting body and attach a copy of your most recent accreditation survey summary results.	
If you are a nonprofit, are you certified under Maryland Nonprofits' Standards of Excellence?	

Please return this completed application and required attachments with a cover letter to:

Community Behavioral Health Association of Maryland
18 Egges Lane, Catonsville, MD 21228

If you have any questions, please contact Christine Kopko, Director of Member Services, at chris@mdcbh.org or (410) 788-1865.