



# Wyoming Community Service Providers Membership Application

## Organization Information:

Organizational Name:  
 Name of Principal Representative:  
 Title:  
 Address:  
 City, State, Zip:  
 E-mail Address:  
 Web Site:  
 # Waiver Participants (Adult & Child):

## Membership Levels – Benefits & Membership Criteria

Please check your membership level below:



Membership Dues
<b>Organizational &amp; Associate Members:</b>
<ul style="list-style-type: none"> <li>☞ Minimum Dues/yr \$100</li> <li>☞ Maximum dues per year \$10,000</li> <li>☞ Tiered pricing from 2-30 waiver participants (child &amp; adult)</li> <li>☞ 31+ flat rate/participant per year</li> <li>☞ Annual dues paid quarterly (Oct., Jan., April, &amp; July)</li> </ul>
<b>Business Member:</b>
<ul style="list-style-type: none"> <li>☞ \$500/year</li> </ul>

Participant Range	Dues
0-5	\$ 250
6-15	\$ 500
16-25	\$ 1,000
26-30	\$ 2,000
31+	\$ 94.94/participant

Please accept my application for membership to WCSP.

Signature: _____	Date: _____
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