



DSPN Membership Application

2024 FORM

- NEW MEMBER
- MEMBERSHIP RENEWAL
- UPDATING MEMBERSHIP INFORMATION

Organization Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Contact Person: _____ Title: _____
 Email: _____ Website: _____

2024 MEMBERSHIP DUES CALCULATION METHOD

DSPN dues will be based upon the most universal and uniform measurement for any type of DSPN member, **total gross revenue**.

To remain fair and equitable to all sized organizations, all DSPN members use revenue, which is the top line or gross income figure, before expenses, to determine their dues. Revenue is simply the money that you generate from, but not limited to how you benefit from being a DSPN member. DSPN trusts your calculations, but **if you have questions, please contact Todd Smet, Director of Membership and Development: tsmet@dspn.org**

Annual membership dues for providers of non-residential and residential services are determined via the revenue bands listed below.

Total Revenue	DSPN Dues
\$0-249,999	\$250
\$250,000	\$1,500
\$1,000,000	\$3,000
\$3,000,000	\$5,000
\$10,000,000	\$7,500
\$20,000,000	\$9,000
\$125,000,000	\$12,000
\$250,000,000	\$18,000
Total Dues \$ _____	

- ASSOCIATE MEMBERSHIP DUES** Company offering services to providers

Dues/Year	Annual Gross Revenue
\$ 350	\$0 -\$249,999
\$ 700	\$250,000 - \$1 Million
\$1050	>\$1 Million

- INDIVIDUAL AFFILATE MEMBERSHIP DUES** -\$350 per year
- STUDENT MEMBERSHIP DUES** - \$25 per year

POPULATIONS SERVED

Mark your MAIN population in left-hand column (*mark only one*), and mark any other populations served in right-hand column

Main	Other	Population
<input type="checkbox"/>	<input type="checkbox"/>	Elderly
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Administration
<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's/Dementia
<input type="checkbox"/>	<input type="checkbox"/>	Mental/Behavioral Health
<input type="checkbox"/>	<input type="checkbox"/>	Corrections
<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or Other Drug Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Intellectual/Developmental Disabilities
<input type="checkbox"/>	<input type="checkbox"/>	Children & Youth

ORGANIZATION INFORMATION

Program Types: (*check all that apply*) Adult Day Services AFH

- CBRF Children/Youth CIE CRP Day Services Indep. Living
- Supported Employment Supportive Home Care

Clients Served: Male Female Both Sexes

Approximate Number of Total Clients Served: _____

Organization Type: Profit Non-Profit

Approximate Number of Total Employees: _____

Total number of facilities and/or program service locations (if applicable): _____



DSPN Membership Application

2024 FORM

NON-RESIDENTIAL LINE OF BUSINESS

Mark the column indicating the general line of business you organization is in (*mark as many that apply*), and if yours is not listed, please fill in the blank line(s)

	Our Line of Business
<input type="checkbox"/>	Display/Engraving
<input type="checkbox"/>	Fulfillment
<input type="checkbox"/>	Food Packaging/Service
<input type="checkbox"/>	Groundskeeping/Housekeeping
<input type="checkbox"/>	Janitorial/Laundry
<input type="checkbox"/>	Mail/Label/Bindery
<input type="checkbox"/>	Manufacturing/Machining
<input type="checkbox"/>	Package/Assembly/Sealing
<input type="checkbox"/>	Printing/Promotional Products
<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	Woodworking
<input type="checkbox"/>	
<input type="checkbox"/>	

TOTAL DUE

\$ _____ Dues Amount

\$ _____ TOTAL DUE

Dues payments by members are 90% deductible as a necessary business expense. Contributions to the Association are not deductible as charitable contributions for federal tax purposes.

PAYMENT OPTION

- Check Enclosed** for total amount due, payable to:
Disability Service Provider Network
- Credit Card** (*Enter credit card information and sign*)

Visa or Master Card (*circle one*)

Cardholder Name: _____

Card Number: _____

Zip Code (*associated with card*): _____

Expiration Date (*MM/YYYY*): _____

CVV Code: _____

Note: a 4% service fee will be added to the total credit card charge.

Cardholder Signature: _____

DETERMINING REVENUE DUES CALCULATION:

To calculate your membership dues simply identify the top line or gross income figure before expenses and pair it to the corresponding level of dues on page 1 of this application. In most cases the revenue figure can be obtained on Form 990 for Non-Profit entities or IRS Forms 1040, 1120, 1120-s, or 1065. DSPN trusts your calculations.

All DSPN memberships are based on the calendar year with a December 31st expiration date.

Thank you for being a part of DSPN's mission to support and be a resource for member providers through advocacy and education resources so they can provide the highest quality and full array of services for those with disabilities throughout Wisconsin.

Disability Service Provider Network

2418 Crossroads Drive, Suite 1600 | Madison WI 53718 | 608-444-0736 | tsmet@dspn.org | www.dspn.org