



**Illinois Alcoholism and Drug Dependence Association**

**AGENCY MEMBERSHIP APPLICATION FORM**

Please list your chief executive officer and any other program administrator who should receive agency mailings.

**1. Agency Main Office**

DHS/DASA Region \_\_\_\_\_

Name and Title: \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Legislative Coordinator (Name & Title) \_\_\_\_\_

Address & Phone (if different from above) \_\_\_\_\_

County(ies) Served \_\_\_\_\_

**Main Office Legislative Info:**

Senate Dist. \_\_\_\_\_ House Dist. \_\_\_\_\_ US Congressional Dist. \_\_\_\_\_

**Other Legislative Districts Served:**

Senate Dist. \_\_\_\_\_ House Dist. \_\_\_\_\_ US Congressional Dist. \_\_\_\_\_

Other Agency Location(s)/(branches) – Attach another sheet of paper if there is more than one branch location.

Name and Title \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ County(ies) Served \_\_\_\_\_

**2. Financial Information (please compute your dues based on the formula on the reverse side of this form)**

Annual Budget \$ \_\_\_\_\_ Annual Dues \$ \_\_\_\_\_

Our agency will pay membership dues: Annually Semi-Annually Quarterly

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Signature of Chief Executive Officer: \_\_\_\_\_ Date \_\_\_\_\_

Please return this for to: **IADDA, 937 South Second Street, Springfield, Illinois 62704**

## AGENCY DUES SCHEDULE

IADDA agency member dues are based on your agency's total alcohol and other drug abuse treatment, prevention, education and related services income (not just your DHS grant) for your last audited fiscal year. The annual renewal date for all members is January 1 of each year. Minimum dues are \$200.00. To calculate your agency's dues, please see the chart below.

<b><u>FY07 Substance Abuse Audit Income</u></b>	<b><u>Formula</u></b>	<b><u>Dues Range</u></b>
Under \$53,333	Minimum Dues	\$200
\$53,355 - \$1 mil.	3.75 per \$1,000	\$200-\$3,750
\$1 mil. - 2 mil.	\$3,750 + \$2.75 per \$1,000 over \$1 mil.	\$3,750-\$6,500
\$2 mil. - \$3 mil.	\$6,500 + \$1.50 per \$1,000 over \$2 mil.	\$6,500-\$8,000
\$3 mil. - \$5 mil.	\$8,000 + \$.75 per \$1,000 over \$3 mil.	\$8,000-\$9,500
\$5 mil. - \$10 mil.	\$9,500 + \$.50 per \$1,000 over \$5 mil.	\$9,500-\$12,000
\$10 mil. - Up	\$12,000 + \$.25 per \$1,000 over \$10 mil.	\$12,000-Up

Some examples of how to compute your dues are provided. If you have any questions on how to compute your dues, please call Pel Thomas at 217/528-7335 ext. 10.

Examples of dues:

Budget of \$1 million or less: dues for an annual budget of \$500,000 would be computed as:

$$\$500,000 \times .00375 = \$1,875 \text{ Annual Dues}$$

Budget between \$2 million and \$3 million: dues for an annual budget of \$2,650,000 would be computed as:

$$\$6,500 + (650,000 \times .00150) = \$7,475 \text{ Annual Dues}$$

Budget between \$3 million and \$4 million: dues for an annual budget of \$3,525,000 would be computed as:

$$\$8,000 + (525,000 \times .00075) = \$8,394 \text{ Annual Dues}$$