

Benefits of Membership

- **The ReSource**, a members-only update of policy analysis, inside political perspectives and state and federal developments.
- **Annual Legislative Forum** on the Governor's proposed budget.
- **Special meetings and public awareness disability days** to elevate the value and visibility of rehabilitation providers.
- **Participation by ANY staff in four proactive Policy Divisions** that work to shape the priorities that matter to your agency.
- **Affiliation on the national level to ACCSES, ANCOR, I-NABIR and DSPA** enhancing access to timely analysis of national issues.
- **An inspiring Executive Management Meeting** every June for executives, CFO's and senior management that offers wonderful networking opportunities.
- **Access to valuable seminars** by the Rehabilitation Research and Training Institute (RRTI) at a discounted rate for members only.
- **Leadership Training Summit and Exposition** annually offers outstanding professional development for all levels of leaders from program staff to executives.
- **Alliances with other statewide and regional organizations** as well as access to New York's business and academic communities that share mutual interest in the rehabilitation field.
- **Access to products and services** from NYSRA's "Business Partners" at special rates – for-profit companies that understand and support the work you do!



NEW YORK STATE REHABILITATION ASSOCIATION, INC.

Agency Application

"Leadership . Learning and Advocacy"



155 Washington Avenue Ste. 410 ■ Albany, NY 12210
(518) 449-2976 – phone ■ (518) 426-4329 – fax
www.nyrehab.org

Agency Dues



Agency Membership

Community-based organizations that provide rehabilitation services to people of all ages with differing abilities and facing multiple barriers to being fully integrated in society.

Agency Total Annual Salaries	NYSRA Dues
\$0-80,000.....	\$420
\$80,001-240,000.....	\$905
\$240,001-400,000.....	\$1,555
\$400,001-700,000.....	\$2,185
\$700,001-1,000,000.....	\$2,820
\$1,000,001-2,000,000.....	\$3,455
\$2,000,001-3,000,000.....	\$4,085
\$3,000,001-4,000,000.....	\$4,715
\$4,000,001-5,000,000.....	\$5,215
\$5,000,001-6,000,000.....	\$5,710
\$6,000,001-7,000,000.....	\$6,195
\$7,000,001-8,000,000.....	\$6,680
\$8,000,001-10,000,000.....	\$7,865
\$10,000,001-12,000,000.....	\$10,200
\$12,000,001-Up.....	\$12,540

Dues are based on the total of salaries only, paid by the agency as reported on your most recent CFR-2 and CFR-4 schedules. Step 1 in calculating dues: Refer to Column 1, Cost Code 31999 of the CFR-2. Subtract Column 5, Cost Code 31999 (SED) from your column 1 Total. Step 2: Use your Agency's CFR-4 to add salaries for all adult VESID programs to the total in Step 1. Step 3: Use your grand total against the dues amount listed above to select your dues amount. If your agency does not use a CFR, please use your total agency operations to compare against the dues amount listed above.

NYSRA DIVISION PARTICIPATION

NYSRA offers its members ONLY, participation in four proactive Divisions that help to shape the priorities that matter most to your agency as well as NYSRA's public policy agenda. Join today and have a voice in your association.

- Mental Retardation/Developmental Disabilities
Contact: _____
- Vocational Rehabilitation
Contact: _____
- Deaf/Hard of Hearing
Contact: _____
- Mental Health
Contact: _____

Check all Divisions that you or your staff will participate in. Visit NYSRA on the web at www.nyrehab.org

"Leadership, Learning and Advocacy"

PRIMARY CONTACT _____

TITLE _____

AGENCY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____ WEBSITE _____

Can we link your website to NYREHAB.ORG? Yes No

Is Your organization defined as a section 501(c)(3) corporation by the IRS? Yes NO - supply IRS Section Code _____

<p>Please identify all disability groups served by your agency</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Psychiatric Disabilities <input type="checkbox"/> Physical Challenges <input type="checkbox"/> Visual Impairments <input type="checkbox"/> Deafness/Hard of Hearing <input type="checkbox"/> Traumatic Brain Injuries <input type="checkbox"/> Alcohol/Substance Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other: _____ 	<p>Check all services your agency provides:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Residential <input type="checkbox"/> Clinic <input type="checkbox"/> Day Services <input type="checkbox"/> Employment <input type="checkbox"/> Children <input type="checkbox"/> Training <p>Number of Direct Care Staff Employed _____</p> <p>Total Annual Budget \$ _____</p> <p>State Agencies that fund your certified services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> OMR <input type="checkbox"/> OMH <input type="checkbox"/> SED <input type="checkbox"/> VESID <input type="checkbox"/> OCFS <input type="checkbox"/> DOL <input type="checkbox"/> OTDA <input type="checkbox"/> NYSOFA <input type="checkbox"/> Other: _____
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