



Alliance for the Betterment of  
Citizens with Disabilities

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## Empowering People: Providers Shaping Policies

### APPLICATION FOR PROVISIONAL MEMBERSHIP

The Alliance for the Betterment of Citizens with Disabilities (ABCD) thanks you for your interest in joining us in our mission. We strive to provide our members with the highest quality service. We look forward to working with your agency.

Provisional Member Organizations are those that have elected to evaluate the value of full participation in the Corporation. They will pay reduced membership dues\*, which shall be established by the Board of Trustees, for a period of one year. If at the end of the one-year period the provisional member decides to become a full member, they will agree to pay the full member dues applicable at that time. If the organization decides not to pursue full membership, they must withdraw from the organization; although they would remain eligible to participate as a member of an ABCD Committee (e.g., DD Alliance, EIPA, SCA, or a similar option in the future). Provisional Membership compromises: attendance at all board meeting of the organization, although they do not have a vote on the board; receiving ABCD Policy Syntheses, Legislative and Administrative Notes, and other Policy Papers; ABCD Action Alerts; and participation on all ABCD Senior Forums and Committees. Other Benefits of Associate Membership are determined by the Board.

Agency Contact Information		
Name of Organization:		Date:
Executive Director:		
Address:		
City:	State:	Zip:
Telephone:	Telephone #2:	
Fax:	Email:	

\* Dues for Provisional Membership Organizations are \$5,000 minimum cap, \$20,000 maximum cap, \$17,500 for agencies with total operating budgets between \$30M-\$47M, 0.05% of revenue for agencies with total operating budgets between \$21M-\$29M, and 0.09% of revenue for agencies with total operating budgets between \$5M-20M.



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ABCD Member Sponsorship
<b>Agencies applying for membership must be sponsored by 3 current ABCD member agencies</b>
<b>Sponsoring Organizations:</b> 1. 2. 3.
<b>Member Representatives:</b> 1. 2. 3.

Agency Operating Information		
<b>Operating Budget:</b> (To be used in establishing dues structure – based on most recent Fiscal Year Audit Report available) *		
<b>Do you have 501c(3) status?</b>	<b>When was 501c(3) status obtained?</b>	
<b>Does your organization have accreditation or approval by an organization such as CARF, JCAHO, or the Council on Quality Leadership?</b> <span style="float: right;">___ Yes or ___ No</span>		
If yes, please state which one:		
Please list accredited or approved programs and related information below:		
Program	Approving Agency	Approval Date
1.		
2.		
3.		



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4.		
5.		
6.		
7.		
8.		

If no, are you in the process of obtaining accreditation? Please Explain.

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### Agency Service Information

Primary Programming Areas	
1.	2.
3.	4.
Please List Program Below	Do You Serve Individuals with Developmental Disabilities?
1.	
2.	
3.	
4.	
5.	



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### ABCD — Provisional Membership Agreement:

*The mission of ABCD, an association of social service agencies, is to affect the development and implementation of public policy and to support the member organizations whose specific purpose is to improve the lives of people with complex physical and developmental disabilities so that they can achieve the highest level of purpose and dignity.*

1. Does your agency actively support the Mission of ABCD? Yes    No

2. Responsibilities of Membership *(please initial after each responsibility)*

- All ABCD Member Organizations agree to actively provide mutual assistance to one another and the ABCD staff. Examples of mutual assistance include but are not limited to data collection for ABCD’s policy and advocacy efforts, sharing of policies, and sharing of information and resources. The identity of the agency providing the mutual assistance will be confidential to ABCD’s Executive Director, unless otherwise stipulated by the agency.
- Each Member Organization will designate a senior staff person, preferably the Executive Director, to represent the Member Organization in ABCD activities including attendance at board, annual, special, and committee meetings.
- Each Member Organization will also designate a senior staff person to represent the Member Organization at forums and training opportunities provided by ABCD.
- All Member Organizations will provide input and information to ABCD on a routine and emergent basis including, {1} key topics and issues, {2} service needs within the DD Alliance Member's geographic confines, and {3} areas which directly or indirectly impact Member Organizations, or the individuals with disabilities and their families served by the Members.

*As the Executive Director of \_\_\_\_\_, I am applying to become a provisional member of ABCD. In doing so, I make full assurances that \_\_\_\_\_ is committed to the ABCD Mission. I understand that the dues calculation is based on a full fiscal year (July 1 to June 30). Dues remain the obligation of the member agency and are non-refundable. We pledge to make our dues payments in a timely manner based on the identified payment schedule. I also recognize \_\_\_\_\_ as our agency's designated representative and I assure that she/he will uphold the membership responsibilities outlined above.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

12/20/2024



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## **Empowering People: Providers Shaping Policies**

**Return this Application by e-mail to Cathy Chin, Executive Director:**

ABCD  
127 Route 206, Suite 26  
Hamilton, NJ 08610

E-mail: [Admin@abcdnj.org](mailto:Admin@abcdnj.org)