 INVOICE

ANNUAL AGENCY Dues | 2025

|  |
| --- |
| **September 2024**  Dear Valued Member,  Each paid membership includes one voting member on the Council; admission to all Council meetings; access to materials that may be developed by the Council on our website and Facebook page; updates on information both at the programmatic and State level; opportunities for involvement in workgroups that are moving the AFC program to higher levels of awareness and access across the state; as well as free and/or discounted rates for Council trainings.  Checks payable to:  **Massachusetts Council for Adult Foster Care** no later than **October 31, 2024** to:  Mail to:  Viability, 979 Dickinson St. Springfield, MA 01108 Attn: Terry Cook.  PayPal: If you would like to pay by PayPal, please email this form to [info@massafc.org](mailto:info@massafc.org) to request an invoice. Please highlight the email address that the invoice should be sent to.  *- - - - - - - - - - - - - - - - - - -- - - - - - - - - - - - - - - - - -- - - - - - - - - - - - - - - - - -- - - - - - - - - - - - - - - - - -- -*  **Check Funding Level** (Based on AFC Revenue estimates as of June 30, 2024)   * Under $100k Dues= $125 * $101K-$500K Dues~~=~~ $250 * $501K-$1.00M Dues~~=~~ $500 * $1.01M-$2.50M Dues~~=~~ $750 * $2.51M-$5.00M Dues- $1000 * $5.01M-$10.00M Dues~~-~~ $1250 * $10.01M+ Dues~~-~~ $1500   **Amount Enclosed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please submit with payment:  **Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact #: \_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program NPI #:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  # of AFC members Served: Level I : \_\_\_\_\_\_\_\_\_\_  Level II: \_\_\_\_\_\_\_\_\_\_  **Voting Council Member Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Alternative Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    *If you have any questions or have questions about payment plans, please contact MCAFC Treasurer Annette Pelletier at apelletier@ne-arc.org or (978) 624-3708.*  NPI/Agency  Members served as of June 30, 2018  Level I  Level II  Suite Number  City State Zip Code  Telephone Number  Phone Number  Council Member #1 Name:  Email Address  Phone Number  Council Member #2 Name:  Email Address  Fax Number  **DO NOT COMPLETE IF FULL DUES ARE ENCLOSED**  **Please briefly describe the reason/circumstances for the request:** |