 INVOICE

 ANNUAL AGENCY Dues | 2025

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| **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 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 ILevel IISuite NumberCity State Zip CodeTelephone NumberPhone NumberCouncil Member #1 Name: Email AddressPhone NumberCouncil Member #2 Name: Email AddressFax Number**DO NOT COMPLETE IF FULL DUES ARE ENCLOSED****Please briefly describe the reason/circumstances for the request:** |