



MEMBERSHIP APPLICATION

Advocating, collaborating, and educating for people with intellectual and developmental disabilities.

Instructions:

- If paying by check, please print and fill out this form and mail with your check to the address below.
- If paying by credit card, please note, the processing fee for paying by credit card will be added to your dues amount. (3.9% bank administration fee plus .30 cents). [Click here to pay by credit card.](#)

Fields marked with * are required.

Membership Information

Please select the appropriate membership category.

* Your DD Budget with Corresponding Dues:

- 10 million or more (\$2,565 dues)
- 5 million to 9.99 million (\$1,815 dues)
- 2.5 million to 4.99 million (\$990 dues)
- Up to 2.499 million (\$445 dues)
- New member (\$445 dues)

- * Please indicate your Prince George's County DD operating budgeted amount for FY25.
\$ _____. (Provide your best estimate if you are a multi-county provider and don't have a solid budget number by county.)
- * Approximate number of Prince George's County residents to be served as of July 2024
\$ _____

- * Approximate number of Direct Support Professionals serving Prince George’s County residents as of July 2024 \$ _____

Total dues owed for Prince George’s Provider Council Membership FY25: \$ _____

Organization Name: _____

Organization Contact Name: _____

Mailing Address _____

Email: _____

Preferred Phone Number _____

Paying by Check, please print form and mail with your check:

Please make your check out to: Prince George’s Provider Council and mail with this form to:
Prince George’s Provider Council, Omar Nicholson
P.O. Box 1906
Beltsville, MD 20704

Paying by Credit Card: [Click here](#)