



MEMBER APPLICATION FORM

The Illinois Association of Rehabilitation Facilities is delighted that you are applying for IARF membership. Please let us know if you need any information or would like us to call about your membership application.

Name: _____ Title: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Website: _____

Email Address: _____ Date: _____

Total agency expense budget \$: _____ Membership Dues \$: _____

Membership dues are payable upon receipt of your statement. You may send full annual payment with this form or be invoiced. Dues will be calculated on a prorated basis for agencies that join after April 1.

CHECK PAYMENT SCHEDULE PREFERRED:

- Our check, payable to the Association, is enclosed
- We will pay 9 monthly payments (January – September)
- We will pay 3 quarterly payments (January/May/September)
- We will pay bi-annually (January/July)

Please include your agency's mission statement, most recent Annual Report/audit, brochures or marketing materials and the attached Code of Ethics Statement with this application.

Did a current member of the Association influence your decision to join?

If so, please tell us who to thank: _____

If you have questions or would like to request further information regarding IARF membership or dues, please contact Maggie Henley at (217) 753-1190 ext 108.

**Thank you for your support of IARF! Please return to:
IARF, 206 South Sixth Street, Springfield, Illinois 62701 or fax this form back to us (217) 525-1271.**



MEMBERSHIP/DUES INFORMATION

Full Member – Any organization within Illinois, which provides services and/or support to persons with intellectual/developmental disabilities or other disabilities, mental illness and/or substance abuse disorders. In addition, full members must have a contract with a primary human service funder.

The Association's financial base is derived from the dues paid by its members. This policy was adopted by the Board of Directors to prevent any competition for grant dollars, which are important to current and potential members of the Association.

DUES

| Total Agency Expense Budget | Annual Dues |
|------------------------------------|--------------------|
| Less than \$ 100,000..... | \$ 1,022 |
| \$ 100,001 - \$ 200,000..... | \$ 1,504 |
| \$ 200,001 - \$ 300,000..... | \$ 2,038 |
| \$ 300,001 - \$ 400,000..... | \$ 3,055 |
| \$ 400,001 - \$ 500,000..... | \$ 4,072 |
| \$ 500,001 - \$ 600,000..... | \$ 5,100 |
| \$ 600,001 - \$ 700,000..... | \$ 5,516 |
| \$ 700,001 - \$ 800,000..... | \$ 5,916 |
| \$ 800,001 - \$ 900,000..... | \$ 6,321 |
| \$ 900,001 - \$ 1,000,000..... | \$ 6,727 |
| \$ 1,000,001 - \$ 1,250,000..... | \$ 7,138 |
| \$ 1,250,001 - \$ 1,500,000..... | \$ 8,155 |
| \$ 1,500,001 - \$ 1,750,000..... | \$ 9,171 |
| \$ 1,750,001 - \$ 2,000,000..... | \$ 10,209 |
| \$ 2,000,001 - \$ 2,250,000..... | \$ 11,209 |
| \$ 2,250,001 - \$ 2,500,000..... | \$ 12,248 |
| \$ 2,500,001 - \$ 2,750,000..... | \$ 13,254 |
| \$ 2,750,001 - \$ 3,000,000..... | \$ 14,276 |
| \$ 3,000,001 - \$ 4,000,000..... | \$ 15,915 |
| \$ 4,000,001 - \$ 5,000,000..... | \$ 17,558 |
| \$ 5,000,001 - \$ 6,000,000..... | \$ 19,191 |
| \$ 6,000,001 - PLUS..... | \$ 20,841 |



CODE OF ETHICS

Illinois Association of Rehabilitation Facilities

Now Be It Resolved...that the Illinois Association of Rehabilitation Facilities and its members voluntarily subscribe to and uphold the following principles while so affiliated:

- All persons will be treated with respect. Activities on behalf of the persons served shall always be determined by an individual service plan which includes the person served. This plan will encourage independence and growth toward the least restrictive environment. The rights of persons served including the right to appropriate treatment, confidentiality, informed consent, self-determination and access to records are guaranteed.
- All activities of the members and IARF shall be in the best interests of people with disabilities. IARF and its members shall be accountable when determining priorities, policies and programs.
- The highest professional standards will be promoted and maintained. IARF and its members shall at all times conduct themselves in the highest professional and ethical manner. IARF and its members shall not misrepresent their services, credentials or skills.
- IARF and its members will not discriminate against anyone based on race, sex or disability.
- Disputes among IARF and its members or between the members will be resolved through good faith negotiations. IARF and its members believe that no issue will remain unresolved if the best interests with people with disabilities be foremost in the resolution.

Approved by the IARF Board of Directors
October 28, 1993

Signature: _____ Date: _____

By signing and dating this document you hereby agree that you have read, understand and will uphold and abide by the IARF Code of Ethics.