

**CALIBER VIRGINIA**  
**“An Alliance of Excellence”**  
**An Association of Community Based Service Providers**  
**MEMBERSHIP APPLICATION**

Caliber Virginia, formerly known as the Association for Community-Based Service Providers (ACBP), was established in 2006 to provide support, resources and information with a united, well informed and engaged voice among the community-based behavioral and mental health service providers of the Commonwealth.

Caliber Virginia is the collective voice of community-based behavioral and mental health providers in Virginia. We champion community providers’ causes and represent their interests at the Legislature, with the Administration, state agencies that contract with community providers, the media, and with other related advocacy organizations throughout the state. Caliber Virginia’s respected voice protects private community-based service provider funding, advance new funding initiatives, support strategies for long-term change to the funding system, and advocate for policies that support the community provider system.

**MEMBERSHIP CATEGORIES**

Organizational Provider Members are voting individuals or businesses that provide mental health services, whose missions and core services are consistent with the CALIBER VIRGINIA and who have made application, paid the appropriate dues level, signed the Membership Commitment and have been accepted by the board of CALIBER VIRGINIA. Each Provider Member should designate one primary contact and a secondary contact who may vote on behalf of the member entity.

Individual Members are non-voting members who provide mental health services within the commonwealth and/or are interested in mental health issues, services and policy within the Commonwealth.

Organizational Affiliate Members/Community Partners are non-voting members who are may be mental health providers, government, hospitals and medical facilities, associations and non-profits that serve people with disabilities including behavioral and mental health issues, and other industry interested individuals, venders of services or products, (e.g. legal, financial, technology, insurance, software, office supplier) or are financial contributors or advocates who support the mission of CALIBER VIRGINIA and who have made application and have been accepted.

- Organizational Provider Members: (See Table Below)
- Individual Members \$500
- Organizational Affiliate Members/Community Partners: \$2500

<b>Number of Employees</b>	<b>Annual Association Dues</b>
1 - 19	\$1,000
20 - 49	\$1,500
50 - 99	\$2,000
100 - 250	\$3,000
251+	\$5,000

**MEMBERSHIP CLASSIFICATION (\* See above for Membership Classification descriptions.)**

Organizational Provider Member: \$ \_\_\_\_\_

Individual Member: \$ \_\_\_\_\_

Organizational Affiliate/Community Partner Member: \$ \_\_\_\_\_

Please mail this completed form to Steven Hammond with payment made payable to:  
**CALIBER VIRGINIA, c/o Steve Hammond, P.O. Box 14852, Richmond, VA 23221**

**General Information**

**Individual/Organization Name:** \_\_\_\_\_

**Name of Primary Contact Person** (for Organizational Provider Members, this would be your "voting" contact person; contact information for secondary contact should be attached) \_\_\_\_\_

**Mailing/Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Number of Sites/Locations:** \_\_\_\_\_

**Site Location Address** (if different from above): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ (address/addresses for multiple locations)

**Main Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Other #** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Programs in which you/your company participate (circle all that apply):**

IIH (Intensive In-Home Services) MHSS (Mental Health Support Services) TDT (Therapeutic Day Treatment)  
CSA (Comprehensive Services Act) CS (Crisis Services) ID/DD Waiver OP (Outpatient) Group Homes (Male/Female)  
Other: \_\_\_\_\_

**DUES:** The minimum dues structure is based on the number of total employees (clinical and general employees) as of July 1st of each year. Voluntary donations to the CALIBER VIRGINIA-PAC (Political Action Committee), as well as the organization in general, are also encouraged.

**AUTHORIZATION:** I authorize CALIBER VIRGINIA to officially release my name/company name, address, and phone number if required in the course of conducting the business of this organization or as legally required.

**AGREEMENT:** By agreeing to become a CALIBER VIRGINIA member, I agree to adhere to the CALIBER VIRGINIA Membership Commitment, which is signed and attached, and understand membership may be terminated for violation and fees forfeited.

**MEMBERSHIP COMMITMENT:** In order to be a member of CALIBER VIRGINIA, I agree to the following:

- Maintain clients at the most appropriate level care;
- Advocate for the best interest of the clients entrusted in my care/program;
- Willing to go beyond the basics for clients of my agency/program;
- Ensure Operators/Program Directors of community-based services possess knowledge, skills, and abilities to function properly in their identified role(s);
- Notify CALIBER VIRGINIA of license change status;
- Maintain and exceed licensing standards for all agency program(s);
- Conduct myself (including employees of my agency) in a manner which places the highest esteem on human rights and dignity;
- Exhibit acceptable and professional language and communication skills to all clients;
- Agree to miss no more than two meetings per calendar year; and
- Membership dues must remain current.

If at any time the association feels the above standards have been violated or receives a complaint regarding your program/agency, the association board reserves the right to review the alleged violation to make a determination regarding membership status.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name and Title