



## MEMBERSHIP APPLICATION

**Thank you for your interest in the South Carolina Association of Personal Care Providers (SCAPCP).**

The purpose of the SCAPCP is to provide an organized and unified voice for Medicaid home-based services providers and to promote the highest standards of home care on behalf of the Medicaid recipients of South Carolina.

·With the constant changes in the delivery of healthcare in general, it is more important than ever for us to come together and distribute our message with one voice. The greater the numbers, the more dynamic the message!

·Your membership dues support our mission to create and sustain a legislative presence in Columbia...to have a united voice when decisions are made that affect our industry. We have made tremendous strides in making our industry known to the legislature, which would not have been possible without a growing membership. You may pay membership dues annually or quarterly for your convenience.

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Membership Categories:

#### \_\_\_\_\_ **Provider Members (see scale below)**

A Provider Member is a single entity, which provides Medicaid waiver services in the state of SC to one or more locations. A Provider Member shall have designated representatives for each location and a maximum of 3 votes.

_____ 0-50 clients	\$220 annually or \$55 Quarterly
_____ 51-100 clients	\$440 annually or \$138 Quarterly
_____ 101-200 clients	\$660 annually or \$192 Quarterly
_____ 201-300 clients	\$935 annually or \$261 Quarterly
_____ over 300 clients	\$1,210 annually or \$327 Quarterly

### **\_\_\_\_\_Corporate Provider Members \$1,760.00**

A Corporate Provider Member is an entity that provides long term care services to persons in the state of SC which has one or more additional legal entities in the long term care field with provider status in SC, directly or indirectly under its control. Legal entities may include associations, partnerships or other arrangements which meet applicable state and federal laws. A Corporate provider Member (in conjunction with their membership) may include two provider members with their level of corporate dues. Corporate members shall be entitled to cast one vote for the association and one vote for each provider entity designated for a maximum of three votes.

### **\_\_\_\_\_Associate Members \$250**

An Associate Member is an organization or institution that is interested in long term care services, but not eligible as provider members. Associate Members are not entitled to vote.

Mail completed form with dues payment to: SCAPCP  
100 Old Cherokee Rd, Suite F-124 Lexington, SC 29072  
For questions call Tina Spears at 803-772-2231 or email CathyChristy@bellsouth.net

You may now pay your dues conveniently by using PayPal.

- Go to [www.Paypal.com](http://www.Paypal.com)
- Click "Send Money"
- Enter the amount to pay
- Click "Buy Something"
- Continue
- Paid to email address: [SCAPCP@Gmail.com](mailto:SCAPCP@Gmail.com)
- Paid from email address: (enter your email)
- Enter Credit Card or Banking information and the payment is processed.

\*If paying by PayPal please fax the membership form to 866-883-2009