



## RICORP APPLICATION FOR ANNUAL MEMBERSHIP

For the Fiscal Year Beginning July 1, \_\_\_\_\_ and ending June 30, \_\_\_\_\_

\_\_\_\_\_ wishes to become a participating member of the Rhode Island Council of Resource Providers for Children, Youth, and Families, Inc. for the noted Fiscal Year. As required by RICORP by-laws regarding membership: "we attest that we are currently providing residential or other intensive resources/care for children, youth, and families and have valid state licensure in Rhode Island."

We agree to hold RICORP, its employees, or its agents harmless with regard to any damages resulting from denial and deferment of the RICORP membership application.

**AGENCY RENEWAL [ ]**

**NEW MEMBERSHIP [ ]**

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Agency Director: \_\_\_\_\_

Board President: \_\_\_\_\_

Delegate to RICORP\*: \_\_\_\_\_

\* The person listed as **delegate to RICORP**, in accordance with the by-laws revised on 5/6/03 shall be the voting member of our agency.

Please check the appropriate dues category based upon your agency's **total** budget:

\$ 0 - \$500K (\$250) \_\_\_\_\_

\$501K - \$1 million (\$500) \_\_\_\_\_

over \$1 million (\$750) \_\_\_\_\_

**PLEASE FORWARD THIS FORM WITH DUES BY August 30th (if renewal) to:**

RICORP, 55 South Brow Street, East Providence, RI 02914

New applicants should contact RICORP at (401) 431-0555 before submitting this form.

