



Alliance for the Betterment of  
Citizens with Disabilities

## Empowering People: Providers Shaping Policies

127 Route 206, Suite 26, Hamilton, New Jersey 08610

Phone: 609-581-8375

[Email: Admin@abcdnj.org](mailto:Admin@abcdnj.org)

### Application Developmental Disabilities Alliance Membership

The Alliance for the Betterment of Citizens with Disabilities (ABCD) thanks you for your interest in joining us in our mission. We strive to provide our members with the highest quality service possible. We look forward to working with your agency.

Agency Contact Information		
Name of Organization:		Date:
Executive Director:		
Address:		
City:	State:	Zip:
Telephone:	Telephone #2:	
Fax:	Email:	

ABCD Member Sponsorship	
Agencies applying for membership must be sponsored by 3 current ABCD member agencies	
Does your agency serve individuals with behavioral levels 3 and 4 and medical complex issues of levels 3 through 6?  Yes    No	Does your agency serve individuals with:  Behavioral complex issues Medical complex issues Both
How many people does your agency serve?	What is the revenue shown on your 990 Form?*

\* Will be used to establish dues



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DD Alliance Dues Structure					
Revenue as Shown on 990	Dues	Vacancy Page Rate	Revenue as Shown on 990	Dues	Vacancy Page Rate
\$10 Million +	\$5,562	\$557	\$2,000,000- \$3,999,999	\$3,178	\$318
\$8,000,000 - \$9,999,999	\$4,748	\$477	\$500,000 - \$1,999,999	\$2,649	\$265
\$6,000,000 - \$7,999,999	\$4,238	\$424	Under \$500,000	\$2,119	\$212
\$4,000,000 - \$5,999,999	\$3,709	\$371			

### ABCD – DD Alliance Membership Agreement:

#### ABCD’s Mission

*The mission of ABCD, an association of social service agencies, is to affect the development and implementation of public policy and to support the member organizations whose specific purpose is to improve the lives of people with complex physical and developmental disabilities so that they can achieve the highest level of purpose and dignity.*

1. Does your agency actively support the Mission of ABCD? Yes    No
2. What you will receive as a Member of the Developmental Disabilities Alliance.

***ABCD - Developmental Disabilities Alliance membership is open to all providers operating in New Jersey (non- profit and for profit) who are qualified to serve individuals with behavioral levels 3 and 4 and medical complex issues of levels 3 through 6. DD Alliance members are not full members of ABCD and may expect only the benefits of membership in the DD Alliance not within ABCD.***

- Membership driven organization which meets 6 times a year with agenda items proposed by the membership.
- Information shared and discussed at meetings and electronically. Discussion of policy and other issues impacting providers related to the Division of Developmental Disabilities (DDD).
- Input on the development of policy recommendations to DDD and other State agencies on issues of importance to agencies serving people with complex physical and neurological developmental disabilities.
- DDA members will receive the same high-quality information as ABCD's full membership including its policy syntheses, action alerts, DDD Leadership meeting summaries, and updates on budget and other information.
- DDA members may participate in Chief Financial Officer Forum, Human Resources Forum, and Quality Assurance Forum.



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### 3. Responsibilities of Membership (please initial after each responsibility)

- All DD Alliance Member Organizations shall sign an agreement to actively provide mutual assistance to one another and the ABCD staff.
- Each DD Alliance Member Organization will designate either the Executive Director or a senior staff person to represent the Member Organization in all activities of the DD Alliance including attendance at regular, special, or subcommittee meetings.
- All DD Alliance Member Organizations will provide input and information to ABCD on a routine and emergent basis including, {1} key topics and issues, {2} service needs within the DD Alliance Member's geographic confines, and {3} areas which directly or indirectly impact Member Organizations, or the individuals with disabilities and their families served by the Members.

*As the Executive Director of \_\_\_\_\_, I am applying to become a full member of ABCD. In doing so, I make full assurances that \_\_\_\_\_ is committed to the ABCD Mission. I understand that the dues calculation is based on a full fiscal year (July 1 to June 30). Dues remain the obligation of the member agency and are non-refundable. We pledge to make our dues payments in a timely manner based on the identified payment schedule. I also recognize \_\_\_\_\_ as our agency's DD Alliance Representative and I assure that she/he will uphold the membership responsibilities outlined above.*

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*Signature*

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*Date*

**Return this Application by e-mail to Cathy Chin, Executive Director:**

ABCD  
127 Route 206, Suite 26  
Hamilton, NJ 08610

E-mail: [Admin@abcdnj.org](mailto:Admin@abcdnj.org)