



MARRCH Membership Application

Agency Membership Dues

As an agency member, all of your interested staff get free membership. Agency dues are calculated by multiplying the annual gross revenues for the organization, defined as line 12 of your most recent Form 990, by .0010 (one-tenth of one percent). If your agency is part of a larger organization, base it only on the size of your chemical health budget. If the calculated dues amount is less than \$250, use \$250. If the amount is greater than \$4,000, use \$4,000. Please contact the MARRCH office (651-290-7462) if you have any questions. **Please attach a list of staff, emails, titles** (please choose from the following titles: Counselor, Program Director, Executive Director/President, Case Manager, Supervisor, Other – fill in) and address if different from the organization.

Annual gross revenues: \$ _____ x .0010 = _____
(If less than \$250, use \$250; if more than \$4000, use \$4000.)

Optional:

+ _____ Sustaining Contribution for Vital Activities of MARRCH
+ _____ Scholarship Contribution to Support Students in the field
Total Payment: \$ _____

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

Associate Membership Dues

Associate Member \$ 375

Applies to companies or institutions that provide products or services to chemical health agencies or counselors. Attach a list of staff or members, emails and titles. This category includes higher education institutions.

Individual Membership Categories

- Individual \$ 75
- Retiree \$ 30
- Student \$ 30
- Agency Member (Individuals who work for a MARRCH agency enjoy free individual membership)

Member Information: This is my home address This is my work address

Contact Name: _____ Title: _____
 Work Phone: (____) _____ - _____ Ext.: _____ Organization: _____
 Fax: (____) _____ - _____ Address: _____
 County _____ City/State/Zip _____
 Email: _____ Website: _____

Payment Information:

Check is enclosed (payable to MARRCH) Visa MasterCard (If using a credit card, all fields below are required)

Card Number: _____ Expiration Date: _____ / _____ 3-Digit Sec. Code: _____

Cardholder Name (print): _____ Cardholder Signature: _____

Credit Card Billing Address: Same as Above

Address _____

City _____ State _____ Zip _____

**Please send this form with your payment to:
MARRCH, 1000 Westgate Drive, Suite 252
St. Paul, MN 55114**

**Phone: 651-290-7462 • Fax: 651-290-2266
www.marrch.org**

Dues payable to MARRCH are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that MARRCH engages in lobbying. The non-deductible portion of dues for 2013 is 6%. We suggest you consult your tax advisor concerning this information.

Please note: Due to PCI compliance standards, MARRCH will not accept this form via email. Please mail or fax it in.