

MISSOURI ASSOCIATION OF COUNTY  
DEVELOPMENTAL DISABILITIES SERVICES  
(MACDDS)

APPLICATION FOR MEMBERSHIP/RENEWAL  
For the Year 2008

\_\_\_\_\_  
Date of Application

Membership is limited to boards established by election in accordance with RSMo 205.968-205.972.

Each member board has only one vote, and can designate only three voting persons. Designees may be Staff or board members or staff of a not-for profit group whom is financially supported with county tax levy Funds.

The County/City Board agrees with MACDDS Constitution and wishes to become a member of the Missouri Association of County Developmental Disabilities Services.

Official legal title of County/City Board (Do not use your Not-For-Profit Corporation title)

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-mail recipients name \_\_\_\_\_

Indicate how you would like to receive your MACDDS correspondence (e-mail or regular mail): \_\_\_\_\_

Current Year Estimated Tax Income: \_\_\_\_\_

Executive Director: \_\_\_\_\_

(If one is employed)

Voting Member: \_\_\_\_\_

Title: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_

Title: \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_

Title: \_\_\_\_\_

**PLEASE BE AS ACCURATE AS POSSIBLE WITH THE FOLLOWING INFORMATION AS THESE NUMBERS WILL BE USED AS LEGISLATIVE AND STATE DEPARTMENT COMMUNICATIONS.**

**FOR ORGANIZATIONS THAT PROVIDE SERVICES:**

Total # of employees (full and part-time): \_\_\_\_\_

Total # of unduplicated clients served: \_\_\_\_\_

**FOR ORGANIZATIONS THAT CONTRACT FOR SERVICES:**

Total # of staff employed by your contracted agencies: \_\_\_\_\_

Total # of unduplicated clients: \_\_\_\_\_

Return with payment to:

Attn: Pete Breting  
Camden County  
PO Box 722  
Camdenton, MO 65020