

**2023 NYS Council Dues Calculation Worksheet**

Please return this completed form, with your dues invoice and payment, to:

Lauri Cole, Executive Director

NYS Council for Community Behavioral Healthcare

911 Central Avenue, P.O. Box #152

Albany, NY 12206

**Provider Organization Information:**

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director / Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Name *(Represents & votes for agency, receives e-mail, faxes, listed in Directory)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Contact Person’s phone and e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dues Calculation Instructions:**

The NYS Council annual membership dues formula is based on all mental health and substance abuse services reported on your most recent CFR, ICR (inpatient, outpatient, rehabilitation, residential and community support services).

**Total Budget** = $\_\_\_\_\_\_\_\_\_\_\_

**2023 Dues Formula**:

Members with total budget under $1,000,000 pay minimum dues as follows:

Total budget of $500,000 or less $1000.00 + National Council dues (voluntary)

Total budget of $500,000 to $999,999 $1500.00 + National Council dues (voluntary)

Members with total budget $1,000,000 or more pay according to the following dues formula:

Apply .001 to first $1,000,000 = .001 x $\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_

 +

Apply .0005 to second $1,000,000 = .0005 x $\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_

 +

Apply .0003 to third $1,000,000 = .0003 x $\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_

 +

To everything above $3,000,000 = .0003 x $\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PLUS**

**2022-2023 National Council Dues through the NYS Council**  $650.00 (This is optional)

(This is a full membership for your agency with the premiere national advocacy organization representing mental health and substance abuse providers in Washington DC: [www.nationalcouncil.org](http://www.nationalcouncil.org))

= Total Dues Calculation for 2023 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please round to the nearest dollar.

*Now that you have arrived at a 20 23Dues Calculation amount,*

*please use the attached Invoice to send us your payment.*

*THANK YOU!!*