



**2024 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** = \$ \_\_\_\_\_

## 2024 Membership Dues due by February 1, 2024

### Dues Formula:

Members with MH and SUD budgets up to \$999,000 pay \$1,250.

Members with total MH and SUD budgets at \$1,000,000 or more pay according to the following dues formula:

Apply .00125 to first \$1,000,000 = .00125 x \$\_\_\_\_\_ = \_\_\_\_\_

Apply .0006 to second \$1,000,000 = .0006 x \$\_\_\_\_\_ = \_\_\_\_\_

Apply .0004 to third \$1,000,000 = .0004 x \$\_\_\_\_\_ = \_\_\_\_\_

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

**PLUS**

**2024 National Council Dues through the NYS Council: \$700.00** (This is voluntary)

(This is a full membership for your agency with the premiere national advocacy organization representing mental health and substance abuse providers in Washington DC and around the country.)

TOTAL DUES Calculation for 2024 = \$\_\_\_\_\_

\*\*Please round to the nearest dollar.

*Now that you have arrived at a 2024 Dues Calculation amount,  
please use the attached Invoice to send us your payment.*

**THANK YOU!!**