

Application for 2016 Membership



NAME OF ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL _____

CONTACT PERSON _____ TITLE _____

Check here if your agency is a first time member of LFMA

We are interested in several simple demographics that will give a sense of an organization's size and the type of services provided. These demographics will be displayed on the 2016 membership list.

Type of service(s) provided (check appropriate services):

- Residential Services for the Elderly _____
- Non-Residential Services for the Elderly _____
- Residential Services for Children _____
- Non-Residential Services for Children _____
- Disability Services, Residential _____
- Disability Services, Community-Based _____
- Community Services _____
- Refugee Services _____
- Childcare/Early Learning Services _____
- Foundation _____

Combined budget of your organization and all related entities: \$ _____

Approximate total number of employees: _____

Approximate number of full time employee equivalents: _____

Please make your check for 2016 dues payable to the order of **LFMA** and send to:
LFMA, 3400 S. PENNANT PLACE, SIOUX FALLS, SD 57110.

LFMA dues are based on the annual **combined budget** of your organization. Please note that *combined budget* refers to your organization and all related entities' budgets.

Less than \$10,000,000	\$400
\$10,000,000 - less than \$20,000,000	\$505
\$20,000,000 - less than \$40,000,000	\$615
\$40,000,000 - less than \$60,000,000	\$715
\$60,000,000 and greater	\$825

Forms and payment can be mailed to *LFMA, 3400 S Pennant Place, Sioux Falls, SD 57110*, or emailed to LFMA@lssSD.org. Dues payment can also be made online at <https://lsssdorg.presencehost.net/donation-form.html>. If paying online, please note in the Comments section: *LFMA Membership Dues Payment*.