



*ARRM leads the advancement of  
community-based services that  
support people with disabilities in  
their pursuit of meaningful lives.*

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**ARRM Membership Application for Fiscal Year 2010  
7/1/2009-6/30/2010**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

CEO/Executive Director \_\_\_\_\_

E-Mail \_\_\_\_\_

Chief Financial Officer \_\_\_\_\_

Chief Financial Officer E-Mail \_\_\_\_\_

**Dues Payment Option:** Total Dues \$ \_\_\_\_\_ from Dues Calculation Worksheet

\_\_\_ Annually in July

\_\_\_ Quarterly in July, October, January, April

\_\_\_ Semi-annually in July and January

**Dues Base:**

\_\_\_ Total Dues (Please complete the Dues Calculation Worksheet)

**Affirmation of Support:**

\_\_\_ Our organization supports the ARRM Mission and Commitment Statement.

**Mission**

ARRM leads the advancement of community-based services that support people with disabilities in their pursuit of meaningful lives.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Due Calculation Worksheet for Fiscal Year 2010**  
**7/1/2009 – 6/30/2010**

Prior year Annual Expenses (or Revenues)*	_____
Less \$100,000.00	_____
Multiply by .0012 (approximately 1/8 of 1%)	_____
Add \$200.00 (Dues Base)	_____
Equals Dues Subtotal	_____
Less 5% Dues Reduction	_____
Equals Total Dues	_____

\* The dollar amount used in the calculation of organizational dues will be the lesser of operating revenues or operating expenses for an organization as a whole.

**Note:** Financial information is kept strictly confidential. No financial statements are required. This worksheet does not need to be returned - only the dues amount is needed on the application form.

If you have any questions or concerns, please call Barb Jacobson at (651) 291-1086  
or (800) 551-2211, ext. 3, or email to [bjacobson@arm.org](mailto:bjacobson@arm.org)