HAWAII WAIVER PROVIDERS ASSOCIATION
Membership Renewal

Agency Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

Designated Voting Member (name and position): _____

Direct Phone: _____ **Direct Fax:** _____

Direct Email: _____

Check all DD/MR Waiver Services your agency provides:

- ☐ ADH Level 1
- ☐ ADH Level 2
- ☐ ADH Level 3
- ☐ Chore Services
- ☐ Emergency Outreach
- ☐ Emergency Respite
- ☐ Emergency Shelter
- ☐ Hab/SE
- ☐ PA/Hab Level 1
- ☐ PA/Hab Level 2
- ☐ PA/Hab Level 3
- ☐ ResHab Level 1
- ☐ ResHab Level 2
- ☐ ResHab Level 3
- ☐ ResHab Level 4
- ☐ ResHab Level 5
- ☐ Respite Services
- ☐ Skilled Nursing
- ☐ Training & Consult
- ☐ Transportation

Membership Level: ☐ Basic ☐ Sustaining ☐ Charter

Prior Fiscal Year DD/MR Waiver Revenues: $_____ Dues Amount: $_____
(Sustaining and Charter members may make payments in increments providing the first payment is at least as much as the basic membership dues)

Make check payable to HWPA and mail to: HWPA
c/o SECOH
P.O. Box 15175
Honolulu, HI 96830

In order to be a member in good standing, your dues must be paid by February 28, 2010 .

DUES SCHEDULE

Basic Membership:

Annual Medicaid Wavier Revenues	
$250,000 and under	$ 150
$250,000 to $500,000	$ 300
$500,000 to $1,000,000	$ 500
$1,000,000 to $2,000,000	$ 700
$2,000,000 or more	$1,000

Sustaining Member*: $3,000

Charter Member*: $5,000

**After initial Sustaining/Charter member dues, all subsequent dues are based on annual Medicaid Waiver revenues.*