



# California Alternative Payment Program Association Agency Application July 1, 2016 – June 30, 2017

**Please complete and note any changes in your agency contact information.**

**Agency Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**List counties in your service area:**  
 \_\_\_\_\_

Please give your contracted amount (fiscal year 2015-2016) for state programs listed below:

	State	Federal
AP Programs		
CalWORKs Stage 1	_____	_____
CalWORKs Stage 2	_____	_____
CalWORKs Stage 3	_____	_____
CAPP	_____	_____
Other	_____	_____

**How do you wish to receive CAPP  
Communications?**

**Email**                       **Paper Mail**

Total your MRA (fiscal year 2015-2016) from the programs above.

**CEO/Executive Director:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Key Contact:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Voting Delegate:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Data Contact:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Fiscal Contact:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

Dues Scale	Fees
\$1,000,000 & under	\$ 1,000.00
\$1,000,001 - \$2,000,000	\$ 1,500.00
\$2,000,001 - \$3,000,000	\$ 2,000.00
\$3,000,001 - \$4,000,000	\$ 2,500.00
\$4,000,001 - \$5,000,000	\$ 3,000.00
\$5,000,001 - \$6,000,000	\$ 3,500.00
\$6,000,001 - \$7,000,000	\$ 4,000.00
\$7,000,001 - \$8,000,000	\$ 4,500.00
\$8,000,001 - \$9,000,000	\$ 5,000.00
\$9,000,001 - \$10,000,000	\$ 5,500.00
\$10,000,001 - \$11,000,000	\$ 5,500.00
\$11,000,001 - \$12,000,000	\$ 6,000.00
\$12,000,001 - \$13,000,000	\$ 6,500.00
\$13,000,001 - \$14,000,000	\$ 7,000.00
\$14,000,001 - \$15,000,000	\$ 7,500.00
\$15,000,001 - \$16,000,000	\$ 8,000.00
\$16,000,001 - \$17,000,000	\$ 8,500.00
\$17,000,001 - \$18,000,000	\$ 9,000.00
\$18,000,001 - \$19,000,000	\$ 9,500.00
\$19,000,001 & above	\$ 10,000.00

**Please read and sign**

1. Membership in CAPP is open to all Alternative Payment Program agencies within California.
2. Membership benefits begin with receipt of payment.
3. Membership is July 1 through June 30 fiscal calendar.
4. Membership in CAPP is non-refundable.

I have read and understand the CAPP membership policies, and certify that I have accurately given the correct contract amount for the previous year and calculated my membership fees correctly.

**Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Membership enclosed:** \$ \_\_\_\_\_

**Additional Support for:** \$ \_\_\_\_\_

- Advocacy
- Trainings
- Children's Foundation

**Total Due:** \$ \_\_\_\_\_

**Make checks payable to: CAPP**

Thank you!

**Return this application with payment by  
August 1, 2016**  
 CAPP  
 1451 River Park Dr, Suite 185  
 Sacramento, CA 95815  
 If you have questions, call (916) 567-6797