



**SOUTH CAROLINA ASSOCIATION OF COMMUNITY RESIDENTIAL PROGRAMS
(SCACRP)
Post Office Box 352
Bennettsville, SC 29512**

MEMBERSHIP APPLICATION

MEMBERSHIP LEVELS AND FEES (Check One)

- Associate \$50.00:** For individuals not working directly in residential programs but who are interested in community treatment. Members in this category cannot vote or hold office, but can serve on committees, as specified.
- Individual \$100.00:** These members may or may not be employees of agencies operating community care programs or community programs. These members have the right to serve on committees, hold office and vote.
- Agency \$200.00:** These memberships are held by the entities operating community residential care programs or community programs. The entity may appoint a representative to participate as its 'member' of the association but said entity shall have only one (1) representative to hold office and be entitled to one (1) vote.
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The association was chartered in November of 1975 as a private, non-profit organization with the following purposes:

- 1) To foster and encourage the development of high quality community residential programs throughout the state.
- 2) To encourage alternatives to institutionalization and/or incarceration.
- 3) To develop and implement a program of public information, education, and
- 4) To assist its members to function more effectively through the exchange of information, support, and consultation, and the study of treatment alternatives.
- 5) To promote and maintain standards for quality within community based residential programs.

PROGRAMS AND OBJECTIVES:

- 1) *Special Mailings:* Guides to upcoming events, includes articles of professional interest, summarizes annual conference, and provides information on issues and concerns.
- 2) *Training Workshops/Seminars:* Regional Workshops/Seminars to improve service delivery and to be an instrument for staff training and development.
- 3) *Technical Assistance:* If your agency needs special help in starting a program or improving an existing one, the Association's leadership will either provide the needed technical assistance or help you find it.



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MEMBERSHIP APPLICATION

NAME _____ DATE _____

FACILITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONES:

BUSINESS _____ CELL _____ HOME _____

Agency \$200.00 **Individual \$100.00** **Associate \$50.00**

SPECIAL INTEREST/SKILLS:

COMPUTER SPECIALIST PLANNER/ORGANIZER PUBLIC RELATIONS INSTRUCTOR

OTHER (EXPLAIN) _____

AS A MEMBER OF THE ASSOCIATION, WOULD YOU BE INTERESTED IN WORKING ON A COMMITTEE UTILIZING YOUR SKILLS? Yes No

LIST TOPICS, CONCERNS, OR SPECIAL TRAINING THAT YOU WOULD LIKE THE ASSOCIATION TO COVER AT UPCOMING TRAINING SESSIONS AND/OR CONFERENCES.

SIGNATURE

DATE

**THE BOARD OF DIRECTORS WELCOMES YOU AS A MEMBER OF THE SCACRP ASSOCIATION.
(MEMBERSHIP CARD WILL BE MAILED)**