****

# **Membership Packet Information**

Thank you for your interest in joining the Association of Programs for Rural Independent Living (APRIL). APRIL is a national network of rural centers for independent living (CILs), statewide independent living councils (SILCs), other organizations, and individuals interested in expanding independent living options for people with disabilities who live in rural America. Please use the information below to complete this application and send back to us. This information is used to determine membership status.

Membership Packet Application starts on page 3 of this document.

If you need assistance completing this membership application form please contact Elissa Ellis, Director of Operations at eellis@april-rural.org or 501.753.3400.

**APRIL has four levels of membership status:**

**Instructions:** Choose the one that best fits you or your organization based on the information below.

If you have questions regarding which status of membership you should apply for, and what rights and privileges accompany each status, please review Article III of the APRIL Bylaws at the back of this application (pages 12-14).

Please note that Annual Dues will be billed in October to fall in line with the Federal Fiscal Year and are considered paid upon receipt. APRIL’s fiscal year runs October 1- September 30. All member dues must be paid by January 31 to be included in the Annual Membership Directory.

**Level 1: Organization Membership with Voting Privileges**

This level of membership is for qualified CILs, SILCs and Satellite CIL locations. There are annual dues, which are based on annual operating expenses.

CIL/SILC Annual Operating Expense Range Membership Fee

$1 - $100,000 $100

$100,001 - $250,000 $200

$250,001 - $500,000 $300

$500,001 - $750,000 $400

$750,001 + $500

**Level 2: Other Organization Membership**

**A. Organizational Associate Membership**

This level of membership is for other organizations and groups that do not identify as CIls, SILCs, or Satellite CIL locations. Annual dues are $100.00.

**B. CIL Satellite or Branch Office Memberships**

This level of membership is for CILs with satellite, outreach, and branch offices. The main CIL location is encouraged to enroll each satellite office separately. Each location enrolled will receive individual mailings, separate listing on the APRIL Membership Directory, and a complimentary copy of the APRIL Membership Directory. Annual Dues are $25.00 per satellite office location.

**Level 3: Consumer Membership**

**A. Consumer Membership with Voting Privileges**

This level of membership is for individuals with disabilities who are live in rural areas and are interested in addressing issues of rural independent living and supporting APRIL’s mission and goals. Annual dues are $25.00.

**B. Consumer Membership – No Voting Privileges**

This level of membership is forindividuals interested in the issues of rural independent living and support APRIL’s mission and goals but does not meet the criteria for Consumer Membership with Voting Privileges. Annual Dues are $25.00.

**Level 4: Youth Membership with Voting Privileges**

This level of membership is forindividuals between the ages of 18-30 years who are interested in the issues of rural independent living and support APRIL’s mission and goals. Annual dues are $25.00.

**Membership Packet Application**

# **Instructions:** All applicants must complete the first section of the membership application packet (pages 3-4 of this document). If you are applying for Active Voting Membership status, you must complete the entire application (pages 3-11). When this application is complete, email or mail the application to Elissa Ellis along with the applicable membership due amount. Payment can be made by check or via credit card payment over the phone.

Contact Elissa at eellis@april-rural.org or 501.753.3400 or mail application and payment to:

APRIL

C/O Elissa Ellis

11324 Arcade Drive, Suite 9
Little Rock, AR 72212

**Instructions:** To fill in the write-in portions of this application (gray areas), use your mouse to click on the gray section. A cursor will not appear, but when you begin typing, your content will begin to show up.

What type of membership are you applying for (Choose as many as applicable)?

[ ]  Organization Membership with Voting Privileges

[ ]  Other Organization Membership: Organizational Associate Membership

[ ]  Other Organization Membership: CIL Satellite or Office Branch Membership

[ ]  Consumer Membership with Voting Privileges

[ ]  Consumer Membership without Voting Privileges

[ ]  Youth Membership with Voting Privileges

Would you like your CIL/SILC website to be listed on the APRIL website?

[ ]  Yes

If yes, write your website URL here:

[ ]  No

Would you like your contact information included in the APRIL Membership Directory?

[ ]  Yes

[ ]  No

Write the Name you want associated with the membership. This will be different depending on the type of membership you are applying for (CIL, SILC, organization name, individual name):

Are you enrolling a satellite, branch, or outreach office?

[ ]  Yes

[ ]  No

If you are applying for membership for additional CIL satellite or branch offices/locations, please write them below:

Satellite Office #1:

Satellite Office #2:

Satellite Office #3:

Satellite Office #4:

Satellite Office #5:

If you have more than 5 Satellite Offices to include, write the rest of them in the space below. Please put commas between different office locations.

Primary Contact Person and Organizational Title (if applicable):

Street Address:

City:

State:

Zip Code:

Telephone Number:

Voice Number (if applicable):

TDD (if applicable):

Fax Number (if applicable):

Email Address:

Website:

**Instructions:** If you are including additional CIL satellite or branch locations, please complete page 5. If you need more than 4 location options, fill out page 5 more than once. This is to ensure we have contact information for each location that will be receiving a membership.

Satellite or Branch Office Contact Person and Organizational Title (if applicable):

Street Address:

City:

State:

Zip Code:

Telephone Number:

Voice Number (if applicable):

TDD (if applicable):

Fax Number (if applicable):

Email Address:

Satellite or Branch Office Contact Person and Organizational Title (if applicable):

Street Address:

City:

State:

Zip Code:

Telephone Number:

Voice Number (if applicable):

TDD (if applicable):

Fax Number (if applicable):

Email Address:

Satellite or Branch Office Contact Person and Organizational Title (if applicable):

Street Address:

City:

State:

Zip Code:

Telephone Number:

Voice Number (if applicable):

TDD (if applicable):

Fax Number (if applicable):

Email Address:

Satellite or Branch Office Contact Person and Organizational Title (if applicable):

Street Address:

City:

State:

Zip Code:

Telephone Number:

Voice Number (if applicable):

TDD (if applicable):

Fax Number (if applicable):

Email Address:

# **Membership Application - Background Data - CILs**

Active voting members of APRIL are CILs who have demonstrated compliance with Title VII, Section 725 of the Rehabilitation Act of 1973, as amended. Section 725 relates to CIL’s being controlled by individuals with disabilities. If you are a Title VII grantee (Part B or C) simply photocopy your grant award notification. CILs with other funding must submit a letter from your funding source (or other similar proof) stating that your CIL complies with the requirements set forth in Section 725.

Another component of Active Voting Membership of CILs is the “rural” focus of services. (See By-laws attached) We recognize that many CILs (that might otherwise be considered ‘urban’) are expanding into rural areas or are assigned large rural catchments that they are not adequately serving. For those CILs who believe they should qualify for Active Voting status but have some questions about meeting specific criteria noted in the bylaws, please write, or call us. Explain your circumstances so that your application can be appropriately reviewed by the APRIL Membership Committee.

**Instructions:** Please Complete the Following Questions. To fill in the write-in portions of this application (gray areas), use your mouse to click on the gray section. A cursor will not appear, but when you begin typing, your content will begin to show up.

Do you provide IL services to persons in rural areas?

[ ]  Yes

[ ]  No

How far is your CIL from a major metropolitan city? A metropolitan city is defined as having a population of over 50,000 people.

Enter number of miles here:

How many counties does your CIL serve?

Enter number of counties here:

Do you self-identify as a rural CIL?

[ ]  Yes

[ ]  No

In what year was your CIL started?

Enter founding year here:

What IL strengths/assets do you have to offer to APRIL? Please write in as many as you feel will enhance your application.

What are the top three areas of concern you have for your CIL in the coming decade?

Area of Concern #1:

Area of Concern #2:

Area of Concern #3:

# **Membership Application Background Data - SILCs**

Active/Voting members of APRIL include SILCs who have demonstrated compliance with standards set forth in Section 725 of the Rehabilitation Act, as amended and are consumer-controlled (51% of staff and Council are people with disabilities).

SILCs also recognize the importance of rural independent living issues and have within their Statewide Plan for Independent Living (SPIL); which is an objective for outreach and expansion of independent living services and advocacy to people with disabilities who reside in rural areas of the state.

**Instructions:** Please Complete the Following Questions. To fill in the write-in portions of this application (gray areas), use your mouse to click on the gray section. A cursor will not appear, but when you begin typing, your content will begin to show up.

Does your SPIL have an Objective that addresses outreach to consumers in rural areas of your state? Please include a copy of this Objective with your Membership Application.

[ ]  Yes

[ ]  No

Is your SILC staff composed of 51% persons with disabilities?

[ ]  Yes

[ ]  No

Are the official/voting members of your SILC composed of at least 51% persons with disabilities?

[ ]  Yes

[ ]  No

Who supervises your SILC Executive Director? This may be a SILC, DSU, or other entity.

Write your answer here:

Who holds the fiscal responsibility of the SILC? Please check all that apply.

[ ]  501c3

[ ]  DSU

[ ]  Contractual

If Contractual please provide more information here:

[ ]  Other

If Other, please provide more information here:

What IL strengths/assets do you have to offer to APRIL as a member? Write as much information as you need to enhance your application.

Write your answer here:

What are the top three areas of concern you have for your SILC in the coming decade?

Area of Concern #1:

Area of Concern #2:

Area of Concern #3:

# **Membership Application - Background Data - Satellite CILs**

Active voting members of APRIL who are Satellite CILs are Satellite offices that have the planned intention of becoming a fully independent CIL in a prescribed time period. At the November 2001 APRIL Annual Membership Meeting the membership voted to allow such satellites full voting rights if they can demonstrate compliance with Title VII, Section 725 of the Rehabilitation Act of 1973, as amended. Section 725 relates to CIL’s being controlled by individuals with disabilities. If incorporated CIL is NOT a member of APRIL but is a Title VII grantee (Part B or C) simply photocopy and include the grant award notification. CILs with other funding must submit a letter from your funding source (or other similar proof) stating that your CIL complies with the requirements set forth in Section 725.

Another component of Active Voting membership of Satellite CILs is the “rural” focus of services. (See Bylaws attached). We recognize that many Satellite CILs (that might otherwise be considered ‘urban’) are expanding into rural areas or are assigned large rural catchments that they are not adequately serving. For those Satellite CILs who believe they should qualify for Active/Voting status but have some questions about meeting specific criteria noted in the bylaws, please write, or call us. Explain your circumstances so that your application can be more accurately reviewed by the APRIL Membership Committee.

**Instructions:** Please Complete the Following Questions. To fill in the write-in portions of this application (gray areas), use your mouse to click on the gray section. A cursor will not appear, but when you begin typing, your content will begin to show up. Complete this section (page 10-11) once per satellite CIL location that you are seeking membership for.

Satellite CIL Name:

Do you provide IL services to persons in rural areas?

[ ]  Yes

[ ]  No

How far is your Satellite CIL from a major metropolitan city? A metropolitan city is categorized as having a population of more than 50,000 people.

Enter number of miles here:

How many counties does your Satellite CIL serve?

Write the number of counties here:

Do you self-identify as a rural Satellite CIL?

[ ]  Yes

[ ]  No

In what year was your Satellite CIL started?

Write founding year here:

Does your Satellite CIL perform its own 704 Report and meet standards and indicators separate from your incorporating CIL?

[ ]  Yes

[ ]  No

Does your Satellite CIL have its own Advisory Board that can make policy decisions or changes?

[ ]  Yes

[ ]  No

What IL strengths/assets do you have to offer to APRIL? Please provide as much information as you feel enhances your membership application.

Write your answer here:

What are the top three areas of concern you have for your CIL in the coming decade?

Area of Concern #1:

Area of Concern #2:

Area of Concern #3:

# **APRIL Bylaws: Article III**

**Membership**

Membership in APRIL is open to all interested groups and individuals who complete an application in the appropriate membership category and pay the set amount of dues on an annual basis. The Membership Committee reviews and approves all applicants seeking active membership status. Membership shall be for a period of one year to coincide with APRIL’s fiscal year which is October 1 through September 30.

**Membership**

**Membership Types**

* 1. There are three membership types
		1. Organizational Membership
		2. Associate Membership
		3. Honorary Membership
	2. To be considered an active member and participate in rights and privileges you must:
		1. Membership fees must be up to date and paid thirty days prior to annual board meetings or voting activities.
	3. Active Members have the right to attend and be heard at all general membership meetings and to serve on committees with the approval of the President.
	4. Active Members will receive the various correspondence sent to the membership, including newsletters, annual reports, and position papers.

**Membership Eligibility**

**Organizational Memberships**

There are two types of Organizational Memberships:

1. CIL Organizational Membership
	1. To be eligible for CIL organizational membership, a rural

Independent Living Center must meet one of the following three criteria:

1. Be in a setting 50 miles, or more, from a population center of 50,000.
2. Provide at least 50% of their services to a distinctly rural population.
3. CIL’s who have significant interest in rural issues, who have plans to expand services to a rural population, or for some other reason believe they should be eligible for Active Membership status are encouraged to complete the Active Membership Application along with an accompanying letter explaining the circumstances.
4. CIL Satellite Office Membership: For CIL organizational membership with voting rights a CIL Satellite Office must meet the standards and assurances of Section 725 of the Rehabilitation Act. Accordingly, the office must be in a rural setting and must be free standing as identified in the application process. However, the office may continue to operate under its founding board’s incorporation.
	1. Voting
5. Active CIL Organization memberships have the right to vote on bylaws amendments, to nominate and vote for candidates to fill Governing Board positions, and to vote on resolutions presented at the Annual Board Meeting.
6. CIL membership vote shall be weighted as ten (10).
7. SILC Organizational Membership
	1. To be eligible for active organizational membership a member must:
		1. Have within the SPIL an objective identifying outreach to consumers in rural areas. Be consumer controlled and meet the standards of Section 725 of the Rehabilitation Act. Maintain at least 51 percent of its staff be individuals with disabilities.
	2. Voting
8. Active SILC Organizational memberships have the right to vote on bylaws amendments, to nominate and vote for candidates to fill Governing Board positions, and to vote on resolutions presented at the Annual Board Meeting.
9. SILC membership vote shall be weighted as ten (10).

**Associate Memberships**

There are four types of Associate Memberships

1. Individual Membership also known as Consumer Member
2. Individual members are individuals with disabilities who living in and are interested in the issues of rural independent living and who support the mission of APRIL.
3. Voting
	1. Active individual memberships have the right to vote on bylaws amendments, to nominate and vote for candidates to fill Governing Board positions, and to vote on resolutions presented at the Annual Board Meeting.
	2. Individual membership vote shall be weighted as one (1).
4. Youth Membership
	1. Youth members are individuals between the ages of 18 and 30 and who are interested in the issues of rural independent living and who support the goals of APRIL.
	2. Voting
		1. Active youth memberships have the right to vote on bylaws amendments, to nominate and vote for candidates to fill Governing Board positions, and to vote on resolutions presented at the Annual Board Meeting.
		2. Youth membership vote shall be weighted as one (1).
5. Individual Associate Membership
6. Individual Associate members are individuals interested in the issues of rural independent living that support the mission of APRIL but do not meet the criteria for Individual Membership.
7. Individual members do not have the right to vote or hold office.
8. Organizational Associate Membership
9. Organizational Associate members are organizations interested in the issues of rural independent living that support the goals of APRIL but do not meet the criteria for Active Organizational Membership.
10. Organizational members do not have the right to vote or hold office.