



Metrolina Providers Network, Inc.

Application for Membership

Full

Affiliate

Our Purpose: *To work collaboratively as a network that provides an array of services and supports for individuals with disabilities that promotes individual choice, high quality and the individual's capacity for self sufficiency.*

Name of Organization: _____

Contact/ Representative: _____ Title: _____

Address: _____
street City State Zip

Phone: _____ Cellular: _____

Fax: _____ Email: _____

Website: _____

What is your Organization's Mission Statement: _____

Business Incorporated as Not-For-Profit: _____ For Profit: _____

What is your organization's Philosophy about teaching Individuals with Disabilities?

Population Served: _____

Number of
Individuals served: _____

What services does your organization provide? _____

In what setting are services provided? _____

What Counties or States do you serve? _____

What other professional organizations are you members of? _____

What does your organization expect to gain by joining MPN? _____

Each applicant will sign this Application in assurance of the document's accuracy and indicating receipt of the MPN document's titled *Code of Ethics & By Laws*. If there are any questions, please call the MPN Executive Director, Judy Lewis @ 704-568-2994.

I, the representative of _____ (organization) have received the above information.

Furthermore, I assure that the above information about _____ (organization) is accurate to the best of my knowledge.

Signature

Date

Please attach to the application any brochures about your organization that may assist the MDN Members in determining membership approval.

Upon receipt of this completed application, a team will be constructed of a board member, a non board member, and the MPN Executive Director that have specific knowledge of your organization's service delivery. This team will conduct an onsite interview with representatives of your choice in order to compile information to better assess your application. A group report will be presented to the full membership at the next scheduled meeting after the interview process is complete. Membership approval requires a two-thirds (2/3) vote of the Full Members Quorum. You will be notified of the results thereafter.