



DELAWARE ASSOCIATION OF REHABILITATION FACILITIES

100 W. 10th St., Suite 103 * Wilmington, Delaware * 302-622-9177 * Fax: 302-777-5386

Connie C. Hughes
Executive Director

Member Agencies

- Accessible Counseling Service
- Addictions Coalition of DE Inc.
- AHEDD
- Arc of Delaware
- AIDS Delaware
- Autism Society of DE
- Bancroft Neurohealth
- Benedictine of Delaware
- Brain Injury Association
- Brandywine Counseling Inc.
- CareLink Community Support Services/DE
- Center for Disabilities Studies, UD
- Chimes of Delaware
- Choices for Community Living, DE
- Cleanworks Janitorial Services
- Client Assistance Program
- Community Integrated Services
- Connections, CSP, Inc.
- DE Council on Gambling Problems
- Delaware Elwyn
- Delmarva Community Services
- Dove Pointe
- Easter Seals of Delaware and Maryland
- Eastern Shore's
- Freedom Center for Independent Living
- Gateway Foundation Inc.
- Gaudenzia Fresh Start
- Goodwill Industries of DE
- Homeless Planning Council of DE
- Horizon House/DE
- Independent Resources Inc.
- Ken-Crest Services
- Kent Sussex County Counseling
- Kristi Bingham Cerebral Palsy Foundation, Inc.
- Maxim Healthcare Services, Inc.
- Mental Health Association in DE
- MOSAIC, DE
- National Mentor Healthcare LLC
- NISH Government Affairs
- NorthEast Treatment Centers
- Open Door Inc.
- Opportunity Center, Inc.
- Psychotherapeutic Services
- Salvation Army
- VOCA

Individual Members

Adult Foster Care Providers
Over 150

DelARF MEMBER AGREEMENT FY08

Advocacy/Educational Membership

Advocacy/Educational membership shall be open to any private organization that supports the purposes of the Association and provides advocacy or educational services to persons with disabilities. The organization must be offering services in the State of Delaware. The annual dues for this membership are set by the DelARF Board at \$400 per year.

Dues assessment is for DelARF's fiscal year (July 1, to June 30). Partial year memberships will be prorated. Dues are payable on receipt of invoice.

Member Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

The agency agrees to pay the Delaware Association of Rehabilitation Facilities

\$ 400 in annual dues

Dues will be paid on the following schedule:

() Annually () Semi-Annually () Quarterly

Signature of Organization CEO, CFO, or Executive. Director:

Print: _____ Signature: _____

Date: _____