



SNAP Membership Application

Organization

Name of Executive Director or Principal Contact

Address

Email

Phone

Please complete the following information and email your responses with a scanned version of this form to mpconsulting47@gmail.com and mail a hard copy with the \$600.00 membership application fee to **State of Nevada Association of Providers, Attention: Doug Faragher, 1443 West 800 North, Suite #103, Orem, UT 84057**. Our Executive Board will evaluate your information at our next monthly Executive Board meeting. Please contact Mary Pierczynski, SNAP Executive Director, if you have questions about the State of Nevada Association of Providers or our membership process.

1. Why are you interested in becoming a member of the State of Nevada Association of Providers?
2. What services does your agency/business provide?
3. What are the age populations you serve?
4. What is your total annual revenue from Regional Center contracts?
5. With which state agencies do you contract?
6. In what geographic areas of Nevada are you providing services?
7. How many clients are you currently serving?
8. How long has your business been in operation?
9. Has your agency/business been a member of the State of Nevada Association of Providers in the past?