



Florida Unites Professional Membership Application

Applicant Information

Company Name: _____

Address: _____
Street Address *Apartment/Unit #*

_____ State ZIP Code
City

Home Phone: () _____ Cell Phone: () _____

Email Address: _____ WaiverProvider.Com Customer

Details:

Number of Employees:

- | | | |
|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Solo Provider (1) | <input type="checkbox"/> 2-5 | <input type="checkbox"/> 6-10 |
| <input type="checkbox"/> 11-50 | <input type="checkbox"/> 51-100 | <input type="checkbox"/> 100+ |

Provider Type:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Support Coordinator | <input type="checkbox"/> Provider |
|--|-----------------------------------|

What Forms Of Payment Do You Accept:

- | | |
|--|--|
| <input type="checkbox"/> HCBS Medicaid Waiver Program (With APD) | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other Insurances: |

\$100 Yearly Member Benefits Include:

- **Three Lobbyist in Tallahassee**
- Provider & Support Coordinator Referral Service
- **10% Discount On Websites and WaiverProvider.com Ads**
- 10 % Discount On Provider Fairs, Includes Priority Placement
- 10 % Discount On Our Mass E-mail marketing service.
- **Monthly E-Newsletter**
- **Access to Florida Unites online social network**
- Access to online Provider Message Boards
- Daily news updates

* \$100 Yearly Membership Fee Covers Up To 100 employees. Organizations with over 100 employees call for rates.

Make Checks Payable To: Florida Unites PO Box 6842 Spring Hill, Florida 34611