

ORGANIZATION MEMBERSHIP

Organization *(Please print)* _____ Revenue _____ Dues _____

Name of Agency: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Alternative Address: _____

Agency Ph: (_____) _____ Fax Ph: (_____) _____

Director/CEO: _____ Designated Rep Name: _____

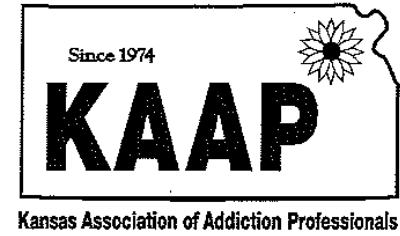
Director's Email: _____ Designated Rep Email: _____

Number of Program Locations: _____ Locations by county: _____

Total amount enclosed \$ _____
 ___ Check or money order, payable to KAAP in U.S. funds enclosed *KAAP does not accept credit cards.



Connect to the power of other professionals, connect to important information and connect to advocacy efforts for addiction professionals!



*Connecting
 Addiction Professionals
 in the state of
 Kansas*



SERVING ADDICTION PREVENTION AND TREATMENT SPECIALISTS IN KANSAS

Kansas Association of Addiction Professionals
 800 SW Jackson, Suite 1100
 Topeka, Kansas 66612

Phone: 785-235-2400
 Fax: 785-235-0342
www.ksaap.org

TEL: 785-235-2400

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Three Steps to KAAP Membership!



- 1) Select Your Membership Type
- 2) Provide the Contact Information
- 3) Make Your Payment

\$100 Individual Affiliate: Individuals whose interests and activities are consistent with those of KAAP, but who are not qualified for Organization Membership.

or

\$1000 Group Affiliate: Organizations whose interests and activities are consistent with those of KAAP, but who are not qualified for Organization Membership.

or

Organization Member: This membership is open to any single organization engaged in addiction or prevention focused programming. Agencies interested in this designation may be asked to submit their organizations annual budget for verification. Organization MUST complete the Organization application.

Organization Member

Dues are based upon your program's annual revenue from all sources of funding including treatment, evaluation, intervention and prevention. Dues are payable at the first of each year (must be paid in full by January 31). Please determine your program's dues from the table and check the eligibility category for your agency...

	<u>Revenue</u>	<u>Annual Dues</u>
Up to	\$ 100,000	\$ 500.00
Over	\$ 100,000	\$ 840.00
Over	\$ 200,000	\$ 1,080.00
Over	\$ 400,000	\$ 1,680.00
Over	\$ 600,000	\$ 2,280.00
Over	\$ 800,000	\$ 2,880.00
Over	\$ 1,000,000	\$ 3,240.00
Over	\$2,000,000	\$ 3,540.00
Over	\$3,000,000	\$ 3,840.00
Over	\$4,000,000	\$ 4,140.00
Over	\$5,000,000	\$ 4,540.00

____ Individual Affiliate or ____ Group Affiliate *(Please print)*

First: _____ MI _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Ph: (_____) _____ Home Ph: (_____) _____

Cell Ph: (_____) _____ Email: _____

Membership in KAAP means that you will abide by KAAP's bylaws and other governing documents and are qualified for the membership category selected. By becoming a CAAP member, you are agreeing to be subject to the rules, regulations and enforcement of the terms of the KAAP Code of Ethics (available to you at www.ksaap.org) that can include appropriate sanctions up to suspension or expulsion from KAAP and public notice about any such action. I understand and agree to the above terms of membership (signature required) _____ *(Applicant signature)*

(Date)

Total amount enclosed \$ _____

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