



INDIVIDUAL OR GROUP AFFILIATE

INITIAL AND RENEWAL APPLICATION 2024

Individual or Group Affiliate: Entities or individuals who have an interest in and support the mission of the organization. Dues are payable at the first of each year and must be paid in full by January 31st.

Member Type: ☐ Individual Affiliate Member: \$100

☐ Group Affiliate Member: \$1,000

Organization Name: _____

Full Name: _____ **Email:** _____

Mailing Address: _____ **City** _____ **KS**
St _____ **Zip** _____

Work Phone Number: _____ **Cell Phone Number:** _____

Website, if applicable: _____

Applicant Signature: _____ **Date:** _____

Please complete all information and return with payment to:

Kansas Association of Addiction Professionals
1200 SW. 10th Ave., Topeka, KS 66604