



# PROFESSIONAL ORGANIZATION MEMBERSHIP

## INITIAL AND RENEWAL APPLICATION - 2024

**Professional Organization Board Member:** This membership is open to any organization engaged in addiction or prevention focused programming. Dues are based upon your program's annual revenue from alcohol and drug prevention, evaluation and treatment. Dues are payable at the first of each year and must be paid in full by January 31. Please determine your program's dues from the table below:

Revenue	Annual Dues	Revenue	Annual Dues	Revenue	Annual Dues
<input type="checkbox"/> Up to \$100,000	\$500	<input type="checkbox"/> Over: \$600,000	\$2,280	<input type="checkbox"/> Over: \$3,000,000	\$3,840
<input type="checkbox"/> Over: \$100,000	\$840	<input type="checkbox"/> Over: \$800,000	\$2,880	<input type="checkbox"/> Over: \$4,000,000	\$4,140
<input type="checkbox"/> Over: \$200,000	\$1,080	<input type="checkbox"/> Over: \$1,000,000	\$3,240	<input type="checkbox"/> Over: \$5,000,000	\$4,540
<input type="checkbox"/> Over: \$400,000	\$1,680	<input type="checkbox"/> Over: \$2,000,000	\$3,540		

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ KS St \_\_\_\_\_ Zip \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Executive Director Email: \_\_\_\_\_

☐ Check Box if you would like to be included in KAAP email distribution list.

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZED REPRESENTATIVE

Authorized Representatives serve as the Organizations designee to act on behalf of the Organization as its official representative in matters relating to KAAP, including but not limited to, receipt of all KAAP Board level communications, membership renewals and are further authorized to vote on all KAAP Board matters as the bylaws allow. Must the sign Code of Conduct for Kansas Association of Addiction Professionals (KAAP) Board of Directors and such other policies the Board may adopt from time to time.

If the Authorized Representative cannot attend a meeting, please notify the Chairman who the designee will be for that meeting. If no notification is received by the Chairman the individual representing the agency at that particular meeting will be considered the authorized representative for that meeting only.

Authorized Rep. \_\_\_\_\_  
Name Email Phone

Each Organization can have up to (2) two alternate representatives. Each designated rep. must sign the Code of Conduct for Kansas Association of Addiction Professionals (KAAP) Board of Directors.

Designated Rep. \_\_\_\_\_  
Name Email Phone

Designated Rep. \_\_\_\_\_  
Name Email Phone

Number of Program Locations: \_\_\_\_\_ Does your agency provide a sliding fee scale: ☐ Yes ☐ No

Counties Served: \_\_\_\_\_

Types of Client Payments or Insurance Accepted:

☐ Medicaid ☐ Medicare ☐ AAPS/Block Grant ☐ Private Insurance ☐ SB 123 ☐ 4<sup>th</sup> Time DUI ☐ Cash/Self-Pay

### KAAP'S SUCCESS AS AN ORGANIZATION RELIES ON ACTIVE MEMBER INVOLVEMENT.

Please indicate below which sub-committee(s) you would like to be involved in:

- ☐ **Finance:** Meets 2-3 times per year to develop the annual budget and periodic review
- ☐ **Audit:** Meets 1 time per year to review finance committee financials
- ☐ **Membership:** Meets bi-monthly to identify membership needs and helps plan semi-annual training events
- ☐ **Public Policy:** Meets monthly with KDADS leadership and develops public policy agenda for legislative session

Return completed application with payment to: KAAP 1200 SW. 10<sup>th</sup> Ave., Topeka, KS 66604