



2019 ANNUAL DUES ORGANIZATION MEMBERSHIP

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

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

Agency: _____

Director/CEO: _____

Mailing Address: _____

City, State Zip: _____

Director E-mail: _____ Agency Phone: _____

Number of Program Locations: _____ Locations by County: _____

Director Signature: _____ Date: _____

Each organization can have up designated representatives. Please include name, e-mail and contact information if different from above.

Designated Rep Name: _____ E-mail: _____

Designated Rep Name: _____ E-mail: _____

Please complete all information and return with payment to:

**KAAP
1200 SW. 10th Ave., Topeka, KS 66604
Deadline – January 31, 2019**