

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!

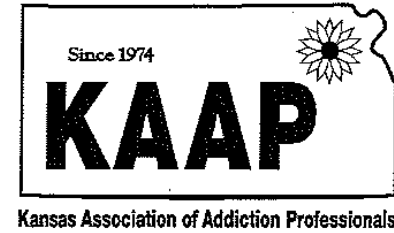
SERVING ADDICTION PREVENTION AND TREATMENT SPECIALISTS IN KANSAS

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

Phone: 785-235-2400
 info@ksaap.org
 www.kaadac.org

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*Connecting
 Addiction Professionals
 in the State of
 Kansas*



TEL: 785-235-2400

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.kaap.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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