



Kansas Association of Addiction Professionals
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**AFFILIATE
 MEMBERSHIP
 Organization/Business**

MEMBERSHIP APPLICATION

07/07

As an Affiliate member of the Kansas Association of Addiction Professionals you will receive all publications originated by KAAP and will be offered a reduced rate for their continuing education opportunities. Additionally, you will have the opportunity to serve on KAAP committees.

Date of Application _____

NAME OF ORGANIZATION/BUSINESS _____

MAILING ADDRESS _____ SUITE _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

ALTERNATE ADDRESS (P.O. BOX) _____ STATE _____ ZIP _____ COUNTY _____

TEL. NO. () _____ FAX NO. () _____ E-MAIL _____

DIRECTOR/PRESIDENT _____ E-MAIL _____

ASSOCIATE (ASSISTANT) DIRECTOR _____ E-MAIL _____

ADMINISTRATIVE ASSISTANT _____ E-MAIL _____

DOES YOUR PROGRAM HAVE MORE THAN ONE LOCATION? NUMBER OF LOCATIONS _____

COUNTIES IN WHICH OTHER LOCATION ARE SITED _____

CONTACT PERSON(S) AT OTHER SITE(S) (PLEASE INCLUDE CREDENTIAL(S): MSW, CADC, ETC.)

_____	_____
NAME & TITLE	COMMUNITY SERVED
_____	_____
NAME & TITLE	COMMUNITY SERVED
_____	_____
NAME & TITLE	COMMUNITY SERVED

WHAT TYPES OF SERVICES ARE PROVIDED BY YOUR PROGRAM? _____

KAAP Membership Dues:
Business membership \$250.00 annually

Please provide payment information on back of this page.

