



**Kansas Association of
Addiction Professionals**

Kansas Association of Addiction Professionals

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**Professional Program
Administrators**

MEMBERSHIP APPLICATION

07/07

Date of Application _____

NAME OF PROGRAM _____

MAILING ADDRESS _____ SUITE _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

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

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

DIRECTOR/ADMINISTRATOR _____ 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.)

_____	_____
<small>NAME & TITLE</small>	<small>COMMUNITY SERVED</small>
_____	_____
<small>NAME & TITLE</small>	<small>COMMUNITY SERVED</small>
_____	_____
<small>NAME & TITLE</small>	<small>COMMUNITY SERVED</small>

WHAT TYPES OF SERVICES ARE PROVIDED BY YOUR PROGRAM? _____

WITH THE EXCEPTION OF FUNDING, WHAT ARE THE MOST IMPORTANT CHALLENGES YOU FACE AS THE ADMINISTRATOR OF AN ALCOHOL/DRUG PROGRAM? _____

FROM WHAT DIRECTION (LOCAL/STATE/FEDERAL/PRIVATE) DO YOU FEEL ASSISTANCE CAN COME TO HELP YOUR PROGRAM MEET THOSE CHALLENGES? _____

DUES STRUCTURE FOR CALENDAR YEAR 2007

Dues are payable on a calendar basis (due January 1). Dues are based upon your program's annual revenue from all sources of substance abuse funding or reimbursements including treatment, evaluation, intervention and prevention. Please determine your program's dues from the table.

Up to ... \$	100,000.....	\$ 500
Over ... \$	100,000.....	\$ 700
Over ... \$	200,000.....	\$ 900
Over ... \$	400,000.....	\$1,400
Over ... \$	600,000.....	\$1,900
Over ... \$	800,000.....	\$2,400
Over ... \$	1,000,000.....	\$2,700

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