



Membership Application

Membership year runs on a calendar year.

Organizational

\$400

Qualifications: Any supporting organization. Includes three (3) transferrable individual memberships.
(If applicable, one (1) FULL and two (2) ASSOCIATE memberships.)

Full

\$200

Qualifications: Full-time employment as a Director of an Alternative Program

Privileges: Full privileges including voting.

Associate

\$150

Qualifications: Any Alternative Program staff, Peer Assistance Advocate, Regulatory Board, Disciplinary Staff, Treatment Professional or other interested person.

Volunteer/Student or Retired

\$100

Qualifications: Volunteer Peer Assistance Advocate, or full time student or retired from an ATD program.

Privileges: Full privileges excluding voting.

Primary Contact Information

First & Last Name: _____ Credentials: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ Website: _____

Organizational Membership Contact Information (max of 3)

Full Name: _____

Address: _____

Work Phone: _____

Email: _____

Full Name: _____

Address: _____

Work Phone: _____

Email: _____

Payment Amount

\$ _____ Check (U. S. Dollars only). Please make your payment to "NOAP" in US Dollar currency and return with this form to:

NOAP * 3416 Primm Lane * Birmingham, Alabama
35216, USA

Full Name: _____

Address: _____

Work Phone: _____

Email: _____