



Membership Application

Membership year runs on a calendar year.

Organizational

\$400

Qualifications: Any supporting organization. Includes three (3) transferrable individual memberships.

Privileges: Full privileges including voting.

Full

\$200

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

Privileges: Full privileges including voting.

Associate

\$150 / \$100*

Qualifications: Any Alternative Program staff, Peer Assistance Advocate, Regulatory Board, Disciplinary Staff, Treatment Professional or other interested person. *Volunteers (non-staff) qualify for the discounted rate of \$100

Volunteer, Student or Retired

\$100

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

Privileges: Full privileges excluding voting.

Code of Ethical Conduct

As a member of the National Organization of Alternative Programs (NOAP), I will:

1. **Adopt** the highest standards of professional and personal conduct in fulfilling my responsibilities on behalf of NOAP and uphold all laws and regulations related to its activities.
2. **Avoid** any conflicts of interest in conducting NOAP and program business.
3. **Observe** appropriate professional boundaries with program participants, referral sources and others.
4. **Exercise** and insist on honesty and integrity in the conduct of NOAP's affairs.
5. **Maintain** fidelity to the core values of NOAP and of the medical profession and effectively communicate and support those values in my work relationships and daily activities, both internal and external to NOAP.
6. **Use** only legal and ethical means in seeking to influence policies, legislation, or regulations on behalf of NOAP and individual state programs.
7. **Serve** all members of NOAP with loyalty and fairness, granting no special privileges to any individual member.
8. **Refuse** to engage in, or condone, discrimination on the basis of race, sex, age, religion, national origin, sexual orientation, or disability.
9. **Respect** the confidential relationships with members of NOAP and the information entrusted to me in the conduct of NOAP's affairs.
10. **Refuse** to engage in, or condone, activities for personal gain at the expense of NOAP or its industry or profession.
11. **Accept** responsibility to further enhance and share my proficiency and knowledge through participation in continuing education, and through my interaction with others.
12. **Strive** for a healthy work environment in which integrity of personal conduct is maintained, and misuse of personal power, including sexual harassment, is not tolerated.
13. **Adhere** to relevant professional ethical codes.

These Principles have been developed by members of the National Organization of Alternative Programs and are offered to promote and maintain high standards of service and personal conduct in all members of NOAP.



National Organization of Alternative Programs
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Birmingham, AL 35216
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noap@primemanagement.net

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: _____