



National Organization of Alternative Programs

2012 Membership Application/Renewal

I am a current NOAP member I have been a NOAP member in the past I have never been a NOAP member

Membership Rank:

*Organizational	Qualifications: Any supporting organization. Includes three transferable individual memberships. (If applicable, one Full and two Associate, otherwise, three Associate memberships.)	\$400
Full	Qualifications: Full-time employment as director of an alternative program. Privileges: Full privileges including voting.	\$200
Associate	Qualifications: Any alternative staff, peer assistance advocate, regulatory board disciplinary staff, treatment professional, or other interested person. Privileges: Full privileges excluding voting. I qualify for reduced dues of \$50 (please check reason below) <input type="checkbox"/> I am a Volunteer Peer Assistance Advocate <input type="checkbox"/> I am a full time student	\$150

Please print

Organization/ Firm/Company Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ - _____ - _____ Cell phone: _____ - _____ - _____

Email: _____ Website: _____

Member Name(s): List one name if individual membership, up to three if organizational.

Name (First, Last) _____ Title: _____

Name (First, Last) _____ Title: _____

Name (First, Last) _____ Title: _____

Check is enclosed # _____ in the amount of \$ _____

Signature _____