



Affiliate Membership Application Form

SECTION I: ORGANIZATION INFORMATION			
Name & Title:			
Organization:			
Address:			
Phone:		Fax:	
Email:		Website:	
County(ies) Served:			
<i>Social Media Handles</i>			
Twitter:	Facebook:	Instagram:	LinkedIn:
Other organization location(s)/branch(es): <i>Please attach another sheet of paper if there is more than one branch location</i>			
Name:		Title:	
Address:			
Phone:		County(ies) Served:	

SECTION II: LEGISLATIVE INFORMATION	
NC Senate District:	NC House District:
US Congressional District:	
Other Legislative Districts Served:	

Section III: MEMBERSHIP SELECTION

GOLD (\$3,000)

SILVER (\$1,000)

Our agency will pay membership dues:

Annually

Semi-Annually

If you would like your invoice sent to your Accounts Payable Department rather than the contact listed in Section I, please include that information below.

Accounts Payable Email:

Section IV: SERVICES

Briefly describe the services and/or products you provide to addiction and mental health providers. If you do not directly serve addiction/mental health providers, please describe your work and how it overlaps with the addiction/mental health field.

SECTION V: STAFF INFORMATION

Organization CEO

Name:

Email:

Main Contact for APNC Membership

Name:

Email:

In House Public Policy Director

Name:

Email:

Contract Lobbyist

Name:

Email:

Section VI: REFERRAL

Referred By (if applicable):

<i>I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.</i>
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Signature of Chief Executive Officer:

Date:

Please return this form to:

Morgan Coyner, Vice President of Membership and Communications at mcoyner@apnc.org