



## Corporate Membership Application Form

<b>SECTION I: COMPANY INFORMATION</b>			
Name & Title:			
Company:			
Address:			
Phone:		Fax:	
Email:		Website:	
<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:	

<b>Section II: MEMBERSHIP SELECTION</b>		
<input type="checkbox"/> PREMIUM (\$12,500)	<input type="checkbox"/> ADVANCED (\$8,500)	<input type="checkbox"/> ESSENTIAL (\$5,500)
Our agency will pay membership dues:		
<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
<i>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.</i>		
Accounts Payable Email:		

**Section III: SERVICES**

Briefly describe the services and/or products you provide to addiction and mental health providers.

**Section IV: STAFF INFORMATION**

*Organization CEO*

Name:

Email:

*Main Contact for APNC Membership*

Name:

Email:

**Section V: REFERRAL**

Referred By (if applicable):

*I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.*

Signature of Chief Executive Officer:

Date:

Please return this form to:

**Morgan Coyner, Vice President of Membership and Communications at [mcoyner@apnc.org](mailto:mcoyner@apnc.org)**