



Organizational Membership Application Form

SECTION I: ORGANIZATION MAIN OFFICE			
Name & Title:			
Organization:			
Address:			
Phone:		Fax:	
Email:		Website:	
County(ies) Served:			
<i>Social Media Handles</i>			
Twitter:	Facebook:	Instagram:	LinkedIn:

SECTION II: LEGISLATIVE INFORMATION	
NC Senate District:	NC House District:
US Congressional District:	
Other Legislative Districts Served:	
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:
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Section III: FINANCIAL INFORMATION		
<i>please compute your dues based on the attached dues schedule</i>		
Annual Addiction & Mental Health Services Budget:		
Annual Dues:		
Our agency will pay membership dues:		
<ul style="list-style-type: none"> • Annually 	<ul style="list-style-type: none"> • Semi-Annually 	<ul style="list-style-type: none"> • 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 IV: STAFF INFORMATION	
<i>Organization CEO</i>	
Name:	Email:
<i>Main Contact for APNC Membership</i>	
Name:	Email:
<i>In House Public Policy Director</i>	
Name:	Email:
<i>Contract Lobbyist</i>	
Name:	Email:

Section V: REFERRAL	Referred By (if applicable):
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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**