



# Membership Application

If you have any questions about membership, please contact SAPAA at 1-800-672-7229 or info@sapaa.com.

**JOINING SAPAA IS AS EASY AS 1-2-3!**

## MEMBERSHIP TYPES (check one)

**Classification A (\$550):** Any firm or corporation, with 6 or more employees, primarily engaged in the administration of workplace substance abuse programs or the supply of products and services ancillary to the substance abuse prevention industry. This category includes, but is not limited to, in-house administrators, consortium, other third-party program administrators, vendors (such as producers and manufacturers of equipment or products related to biochemical testing services; drug testing laboratories; medical, mental health, and employee assistance service providers; or collection sites), and government entities. A firm or corporation may join in its own right or as a part of a larger corporate umbrella structure that is a member, but Class A membership is limited to no more than 10 employee representatives. Each organizational member is entitled to one vote.

**Classification B (\$175):** Any firm or corporation only engaged in specimen collection services (including alcohol testing or POCT services), government entity or a not-for-profit organization with a significant interest in the prevention of substance abuse and who does not derive the main source of its income from the provision of drug and alcohol testing programs, or small vendors (as outlined in Class A) and service agents with 5 employees or less. Class B membership is limited to no more than 5 employee representatives. Each organizational member is entitled to one vote.

**Membership in SAPAA has been established on a calendar year, and is valid from January 1–December 31.**

## ORGANIZATION/COMPANY INFORMATION

Membership in SAPAA is based on the organization. A lead employee representative should be designated below, but additional representatives may be added once your membership is processed.

**2** Lead Rep Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
*Please list your name as you'd like it to appear in the membership directory, including any certifications or credentials.*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

## TELL US ABOUT YOUR ORGANIZATION (check all that apply)

- International    National    Regional    TPA under 6 employees    TPA over 5 employees    Collections  
 SAP    EAP    Consortium    MRO    Background Checks    Training    Random Selections    MRO

Primary Source of Business: \_\_\_\_\_

*By signing below, I certify that the information listed here is correct to the best of my knowledge, and that as a member of the Substance Abuse Program Administrators Association agree to abide by the Association Bylaws and Code of Ethics\*.*

Lead Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT DETAILS

**3** Method of Payment:    Credit Card (complete below)    Check (enclosed)    Other (must be pre-arranged)

*Complete the section below only if paying by credit card*

Card Type:    Visa    MasterCard    American Express    Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Full Billing Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

If paying via check, you may fax this complete application to (281) 664-3152 to expedite your membership processing. Please include a copy of this application when mailing your payment to SAPAA, P.O. Box 6203, Tallahassee, FL 32314.

**A welcome e-mail will be sent to the address listed on this application once membership has been processed. Please allow up to 3 business days from the time payment is received. If you have any questions, please contact SAPAA at 1-800-672-7229 or info@sapaa.com**

\*Association Bylaws and Code of Ethics are available by request.