



# 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!**

## 1 MEMBERSHIP TYPES (check one)

**Classification A (\$550)—VOTING:** An organization with 6 or more employees with interest in the substance abuse testing and prevention industry.

**Retired (\$25)—NON-VOTING:** Any individual previously listed as being a Membership Representative for a voting Membership but who no longer derives any income, including contractor and consulting income, relating to the substance abuse testing and prevention industry.

**Classification B (\$175)—VOTING:** An organization with 5 or fewer employees or a government or not-for-profit entity with interest in the substance abuse testing and prevention industry.

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

## 2 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.

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: \_\_\_\_\_

## 3 PAYMENT DETAILS

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.