



MEMBERSHIP APPLICATION

I am requesting (check one):

- ☐ New Membership
☐ Renewal of Current Membership

Name:

Mr. Mrs. Ms. _____
(Circle one) Last First Middle Int.

Address: _____
Street/P.O.Box City/State Zip

Employer: _____

Office

Address: _____
Street/P.O. Box City/State Zip

Office Phone: _____ **Home Phone:** _____

Fax Number: _____ **Cell Number:** _____

E-Mail Address: _____

Regular Membership: \$40.00 yearly

Student Membership: \$30.00 yearly

Please Make Checks Payable to:

New Orleans Addiction Professional Association - District One

MEMBERSHIP BENEFITS

- ✓ Professional Support
- ✓ Monthly Educational Training
- ✓ Career Opportunities for Professionals and Students
- ✓ Professional Networking
- ✓ Updates on the Substance Abuse Movement at the State and International Level
- ✓ Counselor advocacy supporting the advancement of Substance Abuse Counseling, Prevention, & Compulsive Gambling Counseling
- ✓ Free 1hr CEU for monthly presentations*

*Member must be present at meeting in order to receive CEUs.

New Orleans Addiction Professional Association
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