



**Full Member Application | Membership Year July 1 - June 30**

Agency Name \_\_\_\_\_

Any agency or company, in good standing with FBHA and FADAA, licensed by the State of Florida as a hospital or community behavioral health prevention or treatment provider. The Chief Executive Officer (or the equivalent position) shall become a dual member of the Florida Behavioral Health Association and the Florida Alcohol and Drug Abuse Association unless that person designates someone from the company to fulfill the FBHA and FADAA membership roles. The designee shall be defined as a member of the company's senior management staff with an understanding of the broad policy issues affecting our field. The CEO or designee shall also be able to actively participate in any of the divisions within the Florida Behavioral Health Association; the chair of each FBHA Division automatically serves on the board of FBHA. In the case of new members, designees must be named in writing within thirty days of membership approval. All other designations must be made in writing at least two weeks prior to the Board meeting designated for the election of officers.

**Designated Company Representative for Dual Membership to FBHA and FADAA**

Prefix First Name Preferred First Name Middle Initial

Last Name Suffix

Professional Certifications/Degrees Staff Title/Position

Mailing Address

City State/Province Country Zip

Direct Phone Number Extension Cell Phone Number Fax Number

Email

**Primary Contact**

The primary contact is a decision-maker and shall receive all membership communications including information requests and renewal invoices.

The Primary Contact is the same as the Designated Agency Representative, and the applicable contact information is listed above.

Prefix First Name Preferred First Name Middle Initial

Last Name Suffix

Professional Certifications/Degrees Staff Title/Position

Mailing Address

City State/Province Country Zip

Direct Phone Number Extension Cell Phone Number Fax Number

Email

## Online Membership Listing

Complete your company information as it should appear on the FBHA and FADAA online directories

\_\_\_\_\_  
 Company Name AKA

\_\_\_\_\_  
 Physical Address

\_\_\_\_\_  
 City State/Province Country Zip

\_\_\_\_\_  
 County Company Main Phone Number Company Fax Number

\_\_\_\_\_  
 Company Website Company Email

### Additional Required Company Information

Non-Profit  For-Profit  A copy of my company license(s) is/are attached.

A brochure which best describes my company and the services it provides is attached.

Full Time Staff  Part Time Staff

Briefly list the key services provided by your company: \_\_\_\_\_

### Membership Dues Policy & Verification

Member dues are to be calculated on the company's behavioral health budget from all sources. Complete the dues formula below to determine the annual full member dues.

	X	.001 (.1%)	=	
Company Behavioral Health Budget				Dues*
* Minimum Dues: \$5,000 Maximum Dues: \$40,000				

This is to verify the dues amount of \$ \_\_\_\_\_ submitted by \_\_\_\_\_ (company name) is based on your company's behavioral health budget, including:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• DCF state general revenue and trust fund funding</li> <li>• Federal block grant funding</li> <li>• Federal direct grants and contracts</li> <li>• Medicaid</li> </ul> | <ul style="list-style-type: none"> <li>• TANF</li> <li>• CBC contract revenue</li> <li>• Third party reimbursement</li> <li>• DOC state and federal funding for behavioral health services</li> </ul> | <ul style="list-style-type: none"> <li>• County/City funding</li> <li>• United Way funding</li> <li>• Client fees</li> <li>• Fundraising revenue</li> <li>• Contributions</li> </ul> |
|--|---|--|

\_\_\_\_\_  
 Executive Director/CEO Signature Date

\_\_\_\_\_  
 Printed Name

### Payment Information

I've enclosed a check payable to FBHA. Amount: \$ \_\_\_\_\_

Please remit your membership investment to: **Florida Behavioral Health Association**, 2868 Mahan Drive, Suite 1, Tallahassee, FL 32308

### Questions?

Contact: Rebecca Roberts, Communication and Marketing Director, (850) 878-2196 | rroberts@fadaa.org  
 Carol Hyden, Executive Assistant, (850) 878-2196 | chyden@fadaa.org

## Key Company Contacts

### Company Name

Please provide information for the following key company contacts. Additional staff may be noted on a separate document and attached to this form.

#### Executive Assistant

Prefix	First Name	Preferred First Name	Middle Initial	Last Name
Suffix	Professional Certifications/Degrees		Staff Title/Position	
Direct Phone Number	Extension	Cell Phone Number	Fax Number	
Email				

#### Secondary Contact (e.g., Assistant Director)

Prefix	First Name	Preferred First Name	Middle Initial	Last Name
Suffix	Professional Certifications/Degrees		Staff Title/Position	
Direct Phone Number	Extension	Cell Phone Number	Fax Number	
Email				

#### Fiscal/Chief Financial Officer

Prefix	First Name	Preferred First Name	Middle Initial	Last Name
Suffix	Professional Certifications/Degrees		Staff Title/Position	
Direct Phone Number	Extension	Cell Phone Number	Fax Number	
Email				

#### Human Resource Officer

Prefix	First Name	Preferred First Name	Middle Initial	Last Name
Suffix	Professional Certifications/Degrees		Staff Title/Position	
Direct Phone Number	Extension	Cell Phone Number	Fax Number	
Email				

#### Marketing/Business Development Director

Prefix	First Name	Preferred First Name	Middle Initial	Last Name
Suffix	Professional Certifications/Degrees		Staff Title/Position	
Direct Phone Number	Extension	Cell Phone Number	Fax Number	
Email				

Submit this form to: **Florida Behavioral Health Association**, 2868 Mahan Drive, Suite 1, Tallahassee, FL 32308 **Questions?** Contact: Rebecca Roberts, Communication and Marketing Director, (850) 878-2196 | rroberts@fadaa.org or Carol Hyden, Executive Assistant, (850) 878-2196 | chyden@fadaa.org