FADAA
FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION

FLORIDA HEALTH BEHAVIORAL ASSOCIATION

Associate Agency Membership Application - Membership Year: July 1 – June 30

Associate Agency

Any organization, in good standing with FBHA, not licensed by the State of Florida to provide alcohol and drug abuse services, but concerned with alcohol and drug abuse rehabilitation treatment, intervention, education and prevention services.

Coalition

A community coalition, in good standing with FBHA, concerned with alcohol and drug abuse education and prevention services is eligible for membership benefits.

Network Managing Entity

The administrative/management entity for a service provider network and in good standing with FBHA is eligible for membership benefits. Only the administrative/management entity is eligible for membership benefits.

Primary Contact

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

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 in FADAA's online directories.

Company Name _____ AKA _____

Physical Address _____

City _____ State/Province _____ Country _____ Zip _____

County _____ Company Main Phone Number _____ Company Fax Number _____

Company Website _____ Company Email _____

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Additional Required Information

Entity: ☐ Non-Profit ☐ For-Profit

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

Briefly list the key services provided by your agency: _____

Membership Category & Dues

☐ Associate Agency
Annual Dues: $500

☐ Coalition
Annual Dues: $300

☐ Network Managing Entity
Annual Dues: $2,500

Payment Information

☐ I've enclosed a check payable to FBHA. ☐ Charge my credit card: ☐ MasterCard ☐ Visa

Card Number _____ Card Security Code _____ Expiration Date _____

Name on Card _____

Signature _____

Card Billing Address _____

City _____ State/Province _____ Country _____ Zip _____

Email Address for Receipt _____

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

Questions?
Contact: Rebecca Roberts, Coordinator of Membership & Marketing, (850) 878-2196 | rrobers@fadaa.org
Carol Hyden, Executive Assistant, (850) 878-2196 | chyden@fadaa.org

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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 Alcohol and Drug Abuse Association**, 2868 Mahan Drive, Suite 1, Tallahassee, FL 32308
Questions? Contact: Rebecca Roberts, Coordinator of Membership & Marketing, (850) 878-2196 | rroberts@fadaa.org