



Substance Abuse Program Administrators Association

Membership Application

1014 Whispering Oak Drive, Bardstown, KY 40004, PH: 800-672-7229
Fax: (281) 664-3152, Email: exdir2@sapaa.com, www.sapaa.com

[ ] Membership Renewal [ ] New Member

\*\*\*\*Membership is on a calendar year, January 1st- December 31st.\*\*\*\*

[ ] Regular Member : Classification A..... \$550.00

Any firm, or corporation primarily engaged in the administration of workplace substance abuse programs or the supply of products and services ancillary to the substance abuse prevention industry may apply for Regular Membership: Classification A in this Association. This category includes, but is not limited to, C/TPAs, MRO, In-house administrators, other third-party program administrators, and vendors (i.e., includes, but is not limited to, producers and manufacturers of equipment or products related to biochemical testing services; drug testing laboratories; medical, and mental health providers). Each member is entitled to one vote. Any firm or corporation may join in its own right or as a part of a larger corporate umbrella structure that is a member.

[ ] Regular Member: Classification B ..... \$175.00

Any person, firm or corporation engaged in specimen collection services only (including alcohol testing or POCT services), any government entity, SAP's, EAP's, Trainers, and small C/TPA's and service agents with 5 employees or less. Not-for profit (non-profit) organizations with a significant interest in the prevention of substance abuse and who does not derive the main source of income from the provision of drug and alcohol testing programs, may apply for Classification B Membership in this Association. Each member is entitled to one vote.

Please check all applicable services you/your company provides:

- [ ] International [ ] National [ ] Regional [ ] Minority [ ] Woman Owned [ ] TPA's under 5 employees
[ ] TPA's over 5 employees [ ] Collections [ ] SAP [ ] EAP [ ] Consortium [ ] MRO
[ ] Background Checks [ ] Training Materials [ ] Random Selections
[ ] Vendor Other

Your primary source of business is

Application Information

Prefix (e.g., Mrs., Dr.) First Name MI Last name

Credentials (e.g., C-SAPA), separate multiple credentials with an empty space

Occupational Title Company Name

Work Address City State

Zip Country E-Mail Address

Telephone 1 ( ) - Ext. FAX ( ) -

Additional Representative Information (Membership allows three [2] at no charge)

First Name: Last Name

Company Address

City State Zip email

First Name: Last Name

Company Address

City State Zip email:

Payment Information

[ ] Personal Check [ ] Company Check Credit Card: [ ] Visa [ ] MasterCard [ ] American Express

Card Number Exp. Date /

Name on the card Card Holder

City State Zip Country

Signature (required for credit The undersigned applies for membership in the

Substance Abuse Program Administrators Association and certifies that all statements made in this application are correct, and if elected to

membership, agrees to abide by the Association Bylaws and Code of Ethics.

Signature Date / /

How did you hear about SAPAA?