

Washington Association of Alcoholism & Addictions Programs



DUES RENEWAL FY JULY 2014 – JUNE 2015

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ WA ZIP: _____ PHONE: (____) _____ FAX: (____) _____

EXECUTIVE DIR, or CEO: _____ EMAIL: _____

Voting Representative if other than Ex. Dir. or CEO: _____

DATE(S) LAST APPROVED BY: _____ DBHR: _____ CARF: _____ JACHO: _____ COA: _____

Have you ever lost certification from any of the above bodies: _____ No _____ Yes: When? _____

NUMBER OF PATIENTS SERVED IN LAST 12-MONTHS: #Adults _____ #Youth _____

SO WE CAN BEST REPRESENT YOU, LET US KNOW THE CHEMICAL DEPENDENCY SERVICES OFFERED BY YOUR PROGRAM (Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Outpatient – Adult | <input type="checkbox"/> Residential – Adult | <input type="checkbox"/> Detox – Acute/Medical |
| <input type="checkbox"/> Outpatient – Adolescent | <input type="checkbox"/> Residential – Adolescent | <input type="checkbox"/> Detox – Sub-Acute/Social |
| <input type="checkbox"/> Outpatient – COD | <input type="checkbox"/> Residential – PPW | <input type="checkbox"/> Public (DASA/County) Contractor |
| <input type="checkbox"/> Drug Court Treatment | <input type="checkbox"/> Opiate Substitution | <input type="checkbox"/> Private Treatment Only |
| <input type="checkbox"/> Other, please list: _____ | | |

DUES: Membership fees are based on the gross revenue of the chemical dependency program. Annual dues run from July 1 through June 30, and are prorated from the month membership is commenced. Dues may be paid July 1 for the year, or payments may be made semi-annually, quarterly, or monthly. For new members, we offer 50% off the first year of membership dues.

Dues Schedule:

Gross Revenue	Annual Dues	Semi-Annual Pymt	Quarterly Pymt
Over \$5,000,000	\$5,000	\$2,500	\$1,250
\$3,000,000 to \$4,999,999	\$4,000	\$2,000	\$1,000
\$1,500,000 to \$2,999,999	\$3,000	\$1,500	\$750
\$500,000 to \$1,499,999	\$2,000	\$1,000	\$500
\$250,000 to \$499,999	\$1,000	\$500	\$250
Under \$250,000	\$500	\$250	\$125

2014-2015 DUES ARE: \$ _____ Please check your choice of payment schedule:

- Annually (pay in full now, or prorated when less than 1-year)
 Semi-annually (pay ½ July 1st, ½ January 1st)
 Quarterly (pay July 1st, October 1st, January 1st and April 1st)

PLEASE NOTE: AAP DOES NOT SEND STATEMENTS. IT IS YOUR RESPONSIBILITY TO SET UP TIMELY PAYMENTS.

Please complete & sign page two

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COMMITTEE PARTICIPATION – Each member is encouraged to serve on a committee reflecting your interests. Please check your preference(s):

- Legislative & Governmental (legislation and WACs as well as State budget issues)
- Residential Program Issues (inpatient, recovery house, long-term care, involuntary treatment rates and issues)
- Outpatient Program Issues (private insurance, DUI, deferred prosecution, county contracts,)
- Adolescent Issues (contract issues, rates, reimbursement, regulations for youth programs)
- Conference and Training (planning annual conference, other trainings, staff development)

CODE OF ETHICS (Please read and sign as part of the application):

Whereas a major goal of the Association of Alcoholism & Addictions Programs in Washington State is to demonstrate and promote ethical standards and practices in the provision of chemical dependency treatment, member organizations agree to abide by the following principles:

- *Treatment shall reflect adherence to the following accepted philosophy:*
 - *Alcoholism and other drug addiction is a primary, diagnosable, treatable disease for which abstinence is the foundation for recovery.*
 - *Alcoholism and other drug addiction is not a mental disorder, nor is it a matter of morals, intellect or willpower.*
 - *A person with alcoholism or other drug addiction can never return to the use of alcohol or other mood-altering chemicals without adverse effects.*
 - *A return to drinking or drug use during recovery is viewed as a sign of relapse and not an indication of failure of the individual or program.*
 - *Every effort should be made to include the family and significant others in treatment.*
 - *Treatment should encourage involvement with 12-step or other abstinence-based self-help groups during and after completion of professional treatment.*
 - *Treatment will be offered only in discrete setting under the supervision of knowledgeable chemical dependency professionals.*
- *There shall be no personal or financial exploitation of patients.*
- *There shall be no financial exploitation of third-party payers.*
- *Each organization shall conscientiously assess its own role and limitations in consideration of the recovery of the patient and family, and it shall refer to other services and professionals according to the best interests of the patient and family.*
- *Treatment organizations will not advertise their services in a manner that implies or expresses that recovery is simple or effortless and will not make negative reference to other treatment modalities or programs.*
- *Respect for the integrity and interests of other member organizations shall be preserved, and suspected violation of this Code of Ethics by another member shall be handled in the manner set forth in the bylaws.*

PLEASE READ AND SIGN:

As a member of the Association of Alcoholism and Addictions Programs in Washington State, I support the Code of Ethics of the Association as stated above and will endeavor to follow these ethical practices in providing chemical dependency treatment services.

By: _____
CEO / Executive Director

After completing and signing this application, please return with your dues check made payable to "AAP" to:

Arthur O. Beck, CPA, Attn: Pam Dinehart, 310 120th Ave. N.E., Suite 201, Bellevue, WA 98005.