



## AFFILIATE MEMBERSHIP APPLICATION

Select Annual Membership Type: Gold (\$2,550) Silver (\$1,050)

### 1. Main Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Website \_\_\_\_\_

Satellite Locations – Attach another sheet of paper if there is more than one Satellite location.

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_

Briefly describe the services and/or products you provide to addiction and mental health providers:

Please return this form with your check for the appropriate dues amount to:

**IABH**  
c/o Pel Thomas  
937 South Second Street  
Springfield, Illinois 62704