



AGENCY MEMBERSHIP APPLICATION FORM

Instructions: Please complete the form below and submit along with the following supplemental information. When completing the form, please list your chief executive officer and any other program administrator who should receive IABH communications.

1. Full legal corporate name, assumed name(s), State of incorporation, State(s) of operation, EIN/Tax ID No., and evidence of Good Standing in Illinois and State of incorporation if not readily available from Secretary of State(s).
2. Most recent Tax Form 990 or audited financial statements.
3. Attestation that Applicant has no pending complaints, regulatory findings, audits, or legal claims, or if so, a full explanation of each.
4. Evidence of any licensure or certification by the State of Illinois.
5. Evidence of any accreditation or credentialing (such as The Joint Commission and Commission on Accreditation of Rehabilitation Facilities).

1. Agency Main Office

DHS Region _____

Name and Title: _____

Agency _____

Address _____

Street	City	State	Zip
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Phone _____ Fax _____

E-Mail Address _____ Website: _____

Social Media Handles:

Twitter: _____ Facebook: _____ Instagram: _____ Snapchat: _____

In-House Public Policy Director (Name & Email) _____

Contract Lobbyist: (Name & Email) _____

County(ies) Served _____

Main Office Legislative Info:

Senate Dist. _____ House Dist. _____ US Congressional Dist. _____

Other Legislative Districts Served:

Senate Dist. _____ House Dist. _____ US Congressional Dist. _____

Other Agency Location(s)/(branches) – Attach another sheet of paper if there is more than one branch location.

Name and Title _____

Address _____
Street City State Zip

Phone _____ County(ies) Served _____

2. Referred By (if applicable): _____

3. Financial Information (please compute your dues based on the attached formula document)

Annual Addiction & Mental Health Services Budget \$_____ Annual Dues \$_____

Our agency will pay membership dues: Annually Semi-Annually Quarterly

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Signature of Chief Executive Officer: _____ Date _____

Please return this form to: **IABH, 937 South Second Street, Springfield, Illinois 62704**