



# PREVENTION IS THE ANSWER

NORTH CAROLINA SUBSTANCE ABUSE PREVENTION PROVIDERS ASSOCIATION

## Membership Application

Date: \_\_\_\_\_  
Name of Member Organization/Agency/Coalition: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Other Email contacts for your organization: \_\_\_\_\_

### Membership Fees & Payment

Annual Membership Dues correlate to your organization’s annual prevention operating budget.

<i>If your annual prevention operating budget is:</i>	<i>Annual Membership Dues</i>
\$0 – 99,999.00	\$100.00
\$ 100,000.00 – 299,999.00	\$150.00
\$300,000.00 – 499,999.00	\$200.00
\$500,000.00 and above	\$250.00

**\*Payment due within 30 days of receipt of invoice\***

**\*Membership fee covers one calendar year\***

### Pay by Check

**Please print this form and mail it with your check**

Make check payable to: Governor’s Institute on Substance Abuse Mail  
check and application to: Governor’s Institute on Substance Abuse  
Attention NCSAPPA  
1121 Situs Court, Ste 320  
Raleigh, NC 27606

### Questions?

Contact LaTasha Murray, Membership Committee Chair, at: [latasha\\_murray@rhcc1.com](mailto:latasha_murray@rhcc1.com)

**Thank you for your continued interest in supporting the NC Substance Abuse Prevention Providers Association!**