

ORGANIZATIONAL MEMBERSHIP APPLICATION

Organizational membership in the Association of Alcoholism & Addictions Programs (AAP) is open only to state-approved chemical dependency treatment programs. *All applications for membership are subject to a vote of approval by the membership and must include initial dues payment.* The AAP Code of Ethics is printed on the back of this form and is part of membership. Membership will begin the month following application approval.

ORGANIZATION: _____

ADDRESS: _____

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

EXECUTIVE DIRECTOR: _____ **E-MAIL** _____

Voting Representative, if other than the Executive Director: _____

DATE(S) LAST APPROVED BY: DASA _____ CARF _____ JCAHO _____ 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—Subacute/Social |
| <input type="checkbox"/> Outpatient—COD/MICA | <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 |

DUES: Membership fees are based on the size of the chemical dependency program staff, counting all counseling, office, nursing, medical, and administrative staff working for the program. **TO ENCOURAGE NEW MEMBERS, WE OFFER THE FIRST YEAR OF MEMBERSHIP DUES AT HALF RATE (one-time only).** To determine FTE's, all full-time staff equal 1.0 and part-time are added together by their fractional equivalent: 0.5 + 0.75 = 1.25 FTEs, etc. 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.

Fill in for your program (CD program only): _____ FTEs. _____ # actual employees. Then calculate your dues from the schedule below:

DUES SCHEDULE:	<u>Gross Revenue (CD Programs Only):</u>	<u>Dues:</u>
	Over \$5,000,000	\$5,000
	\$3,000,000 to \$4,999,999	\$4,000
	\$1,500,000 to \$2,999,999	\$3,000
	\$ 500,000 to \$1,499,999	\$2,000
	\$ 250,000 to \$ 499,999	\$1,000
	Under \$250,000	\$ 500

DUES PAYMENT: Please check which payment schedule you wish to follow (note that it is *your* responsibility to make timely payment; you will not receive statements or additional invoices):

- | | |
|---|---|
| <input type="checkbox"/> Annually (Pay in full--prorated when less than a year) | <input type="checkbox"/> Semi-annually (Pay half in July 1, half in January 1) |
| | <input type="checkbox"/> Quarterly (Pay July 1, October 1, January 1 and April 1) |

Please TURN OVER TO COMPLETE AND SIGN THE MEMBERSHIP APPLICATION

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.**

Adopted 8/19/88, Last Revised 11/95.

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:

AAP, P.O. Box 12598, Everett, WA 98206