

Please fax this form with your credit card information to 202.386-3931 or mail with your check to National Council for Community Behavioral Healthcare, 1701 K Street NW, Suite 400, Washington DC 20006.

Questions? Call Kara Sweeney, Director of Membership at 202.684.3723 or email KaraS@thenationalcouncil.org.

## GENERAL INFORMATION

Organization Name

Type of Business/Service Provided

Address

City

State

Zip

Website

Phone

Fax

CEO/Executive Director

Phone

Email

Executive Assistant to the CEO

Phone

Email

Community Board Chair

Phone

Email

## PAYMENT INFORMATION

The National Council's member year is October 1, 2010 to September 30, 2011. Members joining after the start of the member year may be eligible for prorated dues, upon request. Contact Kara Sweeney, KaraS@thenationalcouncil.org, 202.684.7457x223 for more information.

Organizational members \$3,100 \_\_\_\_\_ Association members \$3,965 \_\_\_\_\_ Affiliate members \$5,000 \_\_\_\_\_

## PAYMENT METHOD

- Check (payable to the National Council)  
 Visa     MasterCard     American Express

Cardholder's Name

Card Number

Expiration Date

## CONTACT INFORMATION

National Council membership benefits extend to all staff in your organization. Please indicate the most appropriate person on your staff to receive information on the topic areas listed below.

	Name	Title	Email	Phone
<b>PRIMARY CONTACT</b>				
(Will receive all communications from National Council)				
<b>ADDITIONAL CONTACTS</b>				
Public policy				
Media & communications				
Business & finance				
Compliance & accreditation				
Staff, leadership & board training				
Clinical practices				
Cross-system collaborations				
Information technology				

## ORGANIZATIONAL INFORMATION

Type of organization:

- Public     Private for-profit     Nonprofit

Your annual operating budget: \$ \_\_\_\_\_

Number of full-time employees in your organization: \_\_\_\_\_

Unduplicated count of individuals you serve in one year:

Adults \_\_\_\_\_ Children \_\_\_\_\_

Unduplicated count of individuals you serve in one year with:

Mental illnesses \_\_\_\_\_ Addiction disorders \_\_\_\_\_ Co-occurring disorders \_\_\_\_\_

What percentage of the individuals you serve have Medicaid coverage?

- Less than 50%  
 50–75%  
 75–100%