

# AAPPBH

## African American Private Practitioners in Behavioral Health Membership Application

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Individuals: Degree \_\_\_\_\_ Concentration \_\_\_\_\_

License# \_\_\_\_\_

Organization Name \_\_\_\_\_

Contact Person & Title \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

List Services Provided (for example, individual/marriage/substance abuse/testing):

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List Insurance Panels:

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Check  
One

Check One	Type	Fee	Voting	Benefits
	Individual	\$125	Voting Member	Discounts on CEUs & Directory; Minutes; Newsletter
	Organization	\$200	Voting Member (one vote)	All of the above
	Associate	\$75	Non-Voting Member	Minutes and Newsletter
	Student	\$50	Non-Voting Member	Newsletter