



ASSOCIATION
FOR BEHAVIORAL
HEALTHCARE

ABH Associate Membership Application

An ABH Associate Member is defined as an individual, professional corporation or corporation that provides professional services to member corporations, including but not limited to accounting, legal, systems, and planning services. Associate Members have the same rights and privileges of membership with the exception of voting. Associate Member dues are \$2,450.00 annually and are assessed quarterly.

ASSOCIATE MEMBER INFORMATION

Name of Corporation: _____

ABH Liaison: Please identify the person who will serve as the key contact, and to whom all ABH mailings should be sent.

Liaison Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ **Cell Phone:** _____

Fax: _____ **Email Address:** _____

Billing Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone: _____ **Cell Phone:** _____

Fax: _____ **Email Address:** _____

PROFESSIONAL SERVICES

Identify the Type of Professional Services Provided (please list)

Please identify the names of the organizations that you currently serve in Massachusetts that provide mental health and/or addiction treatment services.

Please return this application with a cover letter requesting membership consideration to:

Megan Socha, Member Engagement and Event Coordinator
msocha@abhmass.org

Please indicate "Membership Application" in the subject header and use "read receipt", if possible.

Membership is approved by a vote of the Board and current Association members. You will be notified of your membership status as soon as both votes have been taken. If you should have any questions, please contact Meg Socha, Member Engagement and Event Coordinator, at msocha@abhmass.org

Thank you.