



Wisconsin Alcohol and Drug Treatment Providers Association

Membership Application

- I am requesting voting membership as the operator of a certified AODA treatment program
I am requesting non-voting membership as a certified substance abuse counselor
I am requesting non-voting membership and am employed in an area related to the provision of AODA services

* Indicates a required field

* Name: _____

* Name of organization/employer: _____

* Type of business: _____

* Business address: _____
Street address or P.O. Box number City Zip Code

* Business telephone: (____) _____

Business fax: (____) _____

Business e-mail: _____

I am interested in serving on the following committees: (Check all that apply)

- Finance Membership Nominating Public Policy

Signature of Applicant

Date of Application

Please enclose a check in the amount of \$300.00 (\$50.00 for individual non-voting membership) payable to WADTPA and mail with completed application to:

BCS Consultants
526 Third Avenue
Baraboo, WI 53913

Management services provided by...
BCS Consultants in Behavioral Health, LLC
526 Third Avenue
Baraboo, WI 53913
(608) 434-3957