



Minnesota Alliance of Rural
Addiction Treatment Programs

MEMBERSHIP APPLICATION

Annual: *Corporate/Organization (See Scale Based on Total Revenue)

Name: _____ Title: _____

*Corporate/Organization annual membership includes every employee in organization.

Corporate/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Primary contact e-mail address: _____

Office phone: _____ Mobile Phone: _____

Employer Type (check one): Independent Residential Treatment Center Independent Outpatient Treatment Center

Independent Individual Practice Rural Hospital Health System Org./Association Education/Academics

Vendor/Support Services Government Other _____

Please complete membership form and annual membership fee

Online: www.maratp.org

Mail: Minnesota Alliance of Rural Addiction Treatment Programs
Attention: Marti Paulson
P.O. Box 116
Granite Falls, MN 56241

Thank you for joining the Minnesota Alliance of Rural Addiction Treatment Programs

The Voice of Rural Addiction Treatment!

<u>Scale Based on Total Revenue</u>	
Over 8m	\$4,000
Over 5-8m	\$3,000
2-5m	\$2,000
<2m	\$1,000
<1m	\$500

For more information please contact Marti Paulson: (Work) 320-564-4911 (Cell) 320-894-5064 (Email) martip@maratp.org