



Minnesota Alliance of Rural  
Addiction Treatment Programs

## MEMBERSHIP APPLICATION

Annual (check one):  \*Corporate/Organization (See Scale Based on Total Revenue)  Individual (\$150)

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  Student  Other \_\_\_\_\_

Please complete membership form and annual membership fee

**Online:** [www.maratp.org](http://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
5-8m	\$3,000
2-5m	\$2,000
<2m	\$1,000
<1m	\$500