



Minnesota Alliance of Rural
Addiction Treatment Programs

MEMBERSHIP APPLICATION

Annual (check one): *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 Student 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 |
| 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