



Treatment Communities of America

**TREATMENT COMMUNITIES OF AMERICA**

**Application for Associate Membership**

**Name of Applicant:**\_\_\_\_\_
**Street Address:**\_\_\_\_\_
**P. O. Box:**\_\_\_\_\_
**City/State/Zip Code:**\_\_\_\_\_
**Web Site:**\_\_\_\_\_
**Organization/Company Name:**\_\_\_\_\_
**Work Address:**\_\_\_\_\_
**Contact Information:**\_\_\_\_\_
**Preferred email address:**\_\_\_\_\_
**Telephone Number:**\_\_\_\_\_

**Assurances:**

The undersigned agree to support the mission of Treatment Communities of America.

**Benefits:**

Associate Members shall have such rights as may be granted by the Board of Directors.

**Dues:**

\$530.00/per calendar year. Please make your check payable to:
**Treatment Communities of America**

**The following questions are voluntary and designed to help us to serve you better. Please check all that apply:**

**What are your interests?**

- o Adolescents
o Advocacy
o Criminal Justice
o Government Agency
o Mental Health Prevention and Treatment
o Research
o Substance Abuse Prevention and Treatment
o Therapeutic Communities (TC's)

- Other

**If you checked other, please explain what your other interests are:**

**Are you joining as a(n):**

- Vendor
- Individual
- Government Agency
- TCA Agency Staff
- Student
- Other

**If you checked other, please explain joining as “other”:**

**Why are you interested in TCA Associate Membership?**

- Advocacy
- Attend Educational Meetings and Trainings
- Networking
- Support TC’s
- Other

**Please explain other reasons for becoming a TCA Associate Member:**

**Please note that you cannot apply for Associate Membership if you are currently working for a SUD treatment program. All SUD treatment providers must apply for Regular Membership.**

**Please submit the completed application with your check for \$520.00 to:**

**Treatment Communities of America  
2200 Pennsylvania Avenue, NW, Room 4075 East  
Washington, DC 20037**

Or

**You may call the National Office at 202-296-3503 or email [pat@treatmentcommunities.com](mailto:pat@treatmentcommunities.com) if you have any questions about membership.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**