



APPLICATION FOR CLASPP MEMBERSHIP

Eligible: Any agency licensed by the State of Louisiana as a hospital or a provider of addiction, prevention, education, intervention and treatment services.

Name of Agency:

Agency Representative: *

Title:

Address:

Phone:

Fax:

Email:

Website:

**Definition of Agency Representative: The Agency Representative is usually the Executive Director (or equivalent position) or a member of the management staff with the seniority to understand the broad policy issues that may impact our field. The agency representative has the authority to cast his or her agency's vote when called upon, and serves as CLASPP's key contact to the agency.*

Dues Formula: \$ $\frac{\text{Substance Abuse Prevention \& Treatment Operational Budget}}{10}$ X .001 = \$ $\frac{\text{Dues Owed}}{10}$
(1/10th %)

Submit this form with:

- (1) A brief description of your agency/company (e.g. brochure);**
- (2) A copy of your license; and,**
- (3) A check for your dues donation to CLASPP (optional)**

Mail should be addressed to:

**CLASPP
ATTN: Lonnie Granier
PO Box 19661
New Orleans, LA 70119**