**USAOTP**TM



The UNITED STATES ASSOCIATION of OPIOID TREATMENT PROVIDERSTM

2023

NEW MEMBERSHIP & **RENEWAL** APPLICATION

\*\***DUE 1 WEEK BEFORE FIRST CONFERENCE ATTENDED IN 2023\*\***

**PLEASE PRINT CLEARLY**

## NAME OF PROGRAM or INDIVIDUAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## NUMBER OF LOCATIONS IN TEXAS: \_\_\_\_\_\_

## NUMBER OF LOCATIONS OUTSIDE OF TEXAS: \_\_\_\_\_\_

## NAME OF PROGRAM REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CONTACT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CONTACT PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTACT FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USAOTP WILL NOT GIVE YOUR E-MAIL ADDRESS TO ANY ENTITY.

# NEW DUES STRUCTURE!

We have changed our dues structure and conference registration fees. Dues are minimal to be a member of USAOTP, and with a small per person registration fee to attend conferences (on a separate conference registration form). Whether you join as an individual or an entity the membership dues are $100.00, regardless of the number of locations or clients served.

**YOUR COMMENTS & SUGGESTIONS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE REMIT $100.00 WITH THIS FORM TO**

**USAOTP**

**c/o Kirk McLaughlin 806-790-0006**

**2701 19th Street, Lubbock Texas 79410**

**Email:** [**usaotp@yahoo.com**](mailto:usaotp@yahoo.com)

CHECK #: \_\_\_\_\_\_\_\_ CHECK DATE: \_\_\_\_\_\_\_\_\_\_\_

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**

*USAOTP was created by TMTA to better serve our neighboring states.*

**Visit us at USAOTP.org**