

WORLD FEDERATION MEMBERSHIP APPLICATION

MEMBERSHIP CRITERIA...

BOARD: 20 (minimum) member, drug-free, self-help program. Payment dues per year:

Annual Budget under	\$500,000 U.S. - \$500 U.S.	Annual Budget over	\$5,000,000 U.S. - \$2000 U.S.
Annual Budget over	\$500,000 U.S. - \$750 U.S.	Annual Budget over	\$10,000,000 U.S. - \$3000 U.S.
Annual Budget over	\$1,000,000 U.S. - \$1000 U.S.		

Approval of not less than one-third vote of Executive Council.

NATIONAL FEDERATION: Classification as a National Therapeutic Community Chapter Association. Payment of \$200 U.S. (Dues for one year) Approval of not less than one-third vote of Executive Council.

CORRESPONDING: Classification as a drug-free, self-help program. Payment of \$100 U.S. (Dues for one year). Approval of not less than one-third vote of Executive Council.

INDIVIDUAL: Payment of \$50 U.S. (Dues for one year). Privileges include newsletter, updates & information. Approval by Membership Committee.

BOARD/CORRESPONDING APPLICATION

I/We hereby apply for member in the following category:

CHECK ONE: **BOARD MEMBER** **NATIONAL FEDERATION MEMBER** **CORRESPONDING MEMBER**

NAME OF ORGANIZATION: _____

ADDRESS: _____ PHONE: (____) _____

CITY: _____ STATE: _____ COUNTRY: _____ ZIP CODE: _____

E-MAIL: _____ FAX#:(____) _____

EXECUTIVE DIRECTOR: _____

TYPE OF PROGRAM: (check appropriate boxes)

Residential Daycare Prevention Education Non-Residential Outpatient Hospital

Other _____

NUMBER OF FACILITIES: _____ CURRENT NUMBER OF CLIENTS: _____ NUMBER OF STAFF: _____

INDIVIDUAL APPLICATION

NAME OF INDIVIDUAL/ORGANIZATION: _____

ADDRESS: _____ PHONE: (____) _____

CITY: _____ STATE: _____ COUNTRY: _____ ZIP CODE: _____

ORGANIZATION AND OCCUPATION: _____

(INDIVIDUAL MEMBERSHIP FEES ARE TAX DEDUCTIBLE IN MANY COUNTRIES)

PLEASE RETURN WITH YOUR REMITTANCE TO:
WORLD FEDERATION OF THERAPEUTIC COMMUNITIES, INC.
Membership Committee, 54 W. 40th Street New York, N.Y. 10018, USA