



ANNUAL MEMBERSHIP AND RENEWAL APPLICATION

MEMBERSHIP CRITERIA

BOARD: 20 (minimum) The Applicant Agency should maintain and operate facilities or services which provide education, prevention, treatment and supportive care which ameliorates addiction, poverty, homelessness, unemployment and social dislocation.

Payment dues per year (July 1st to June 30th):

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

TYPE	DESCRIPTION	ANNUAL DUES
Regional Federation	International TC Associations representing clusters of countries from a continent or geographic region. Dues per year \$500.00	\$500.00
National TC Association	Associations representing clusters of Therapeutic Communities across a distinct country	\$150.00
Corresponding Member (Non-Voting)	Classification as a drug-free, self-help program. Approval of not less than one-third vote of Executive Council. Corresponding Membership in WFTC is open to all agencies that support the purpose and goals of WFTC	\$100.00
Individual Application (Non-Voting)	The person will be considered for Individual membership if sponsored by any member agency. Privileges include newsletter, updates & information. Approval by Membership Committee.	\$50.00

We hereby apply for member in the follow category, CHECK ONE:

<input type="checkbox"/> BOARD	<input type="checkbox"/> REGIONAL FEDERATION	<input type="checkbox"/> NATIONAL FEDERATION	<input type="checkbox"/> CORRESPONDING MEMBER	<input type="checkbox"/> INDIVIDUAL MEMBER
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CONTACT INFORMATION

NAME OF ORGANIZATION: _____

ADDRESS: _____ PHONE: (_____) _____

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

EMAIL: _____ 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: _____



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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)

PAYMENT INFORMATION

Payment Options:

Membership/Dues can be paid via check or by wire transfer. WFTC is not responsible for any banking charges incurred by member organizations. Member organizations are requested to include the organization name and the year for which the fee is being paid in the payment reference / description.

Checks can be mail to:

WFTC
c/o Concepts Foundation
135 Paul Drive
San Rafael, CA 94901

Wire Transfer

Please make your payment plus all transfer costs and note your organization's full name and the year for which you are paying the fee in the transfer reference details.

The account details are:

Bank Name: Westamerica Bank
Bank Address: 1108 5th Avenue, San Rafael, CA 94901
Account Name: World Federation of Therapeutic Communities
Account Number: 501-283782 Routing Number: 121140218

Intermediary Institution SWIFT	WFBIUS6S
Intermediary Institution Name	Wells Fargo Bank Intl
Intermediary Institution Location:	San Francisco
Account with Institution	//FW121140218
Account with Institution Name	Westamerica Bank
Beneficiary Customer Account	501-283782
Beneficiary Customer Name	World Federation of Therapeutic Communities
Reference information	Organization Name - YEAR