



MEMBERSHIP: 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). Membership is valid for a year:

Please select one:

() New Applicant () Renewing Membership

The WFTC Membership Fee is calculated on a sliding scale based on an organization's total annual revenue for the preceding year. Please select the appropriate category and corresponding fee from the table below:

Organization's 2018 Annual Revenue	Fee to Pay in USD	Organization's 2018 Annual Revenue	Fee to Pay in USD
Under \$400,000	\$150.00	\$2,000,000 to \$3,000,000	\$1,800.00
\$400,000 to \$750,000	\$300.00	\$3,000,000 to \$5,000,000	\$3,000.00
\$750,000 to \$1,000,000	\$750.00	\$5,000,000 to \$7,500,000	\$3,500.00
\$1,000,000 to \$1,500,000	\$1,000.00	\$7,500,000 to \$10,000,000	\$4,000.00
\$1,500,000 to \$2,000,000	\$1,500.00	\$10,000,000 to 15,000,000 or more*	\$5,000.00

<i>Other Memberships</i>	Fee to Pay in USD
Regional Federation: <i>International Associations representing clusters of countries from a continent or geographic region.</i>	\$500.00
National TC Association: <i>Associations representing clusters of Therapeutic Communities across a distinct country.</i>	\$150.00
Corresponding Member (Non-Voting): <i>Classification as a drug-free, self-help program</i>	\$100.00

OPTIONAL: Additional contribution for the International fund:

() \$1,000.00 () \$750.00 () \$500.00 () \$250.00 () \$100.00 () Other Amount: _____

Total Amount to Pay: Membership fee : _____ + *International Fund _____ = _____

*International Fund is optional

Once you have identified the correct fee to be paid, please arrange payment as per the payments options and complete the contact information form.

TYPE OF PROGRAM: (Check appropriate boxes)

() Residential () Daycare () Prevention Education () Non-Residential
 () Outpatient () Hospital () Other- please explain: _____

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

NOTE: In order to have your organization listed as valid member of the WFTC in our website, please know that your organization must be current with your dues.



CONTACT INFORMATION

By filling in the below information, you help keeping the WFTC records up to date.

Full name of the organization and acronym (if any):

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Street address of headquarters/Postal Address (if different from street address):

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Website general email and social media sites of the organization:

WEBSITE	
EMAIL	
FACEBOOK	

Administrative Contact for WFTC at the HQ; Position, Telephone and Email:

Name and Position	
Phone	
E-mail	

Representative to WFTC Primary and Alternate: Name and Email

Primary:

Name	
Title/Position	
Phone	
E-mail	

Alternate:

Name	
Title/Position	
Phone	
E-mail	



WFTC: STANDARDS AND GOALS FOR THERAPEUTIC COMMUNITIES

1. Therapeutic Communities represent a design of treatment which is directed primarily towards recovery from substance abuse through personal growth and which requires abstinence from mood-altering substances, including prescription drugs used illegally.

2. The members of the World Federation of Therapeutic Communities are required to:
 - (a) Recognize the human and civil rights of all persons associated with their therapeutic community and clearly state the rights, privileges and responsibilities of clients and staff.
 - (b) Vest in each individual within the Therapeutic Community the right to be free from the threat of the negative use of power by any individual or group.
 - (c) Develop a statement on the philosophy and goals of the program.
 - (d) Adopt regulations for their Therapeutic Community which afford protection from apparent or actual abrogation of local and national laws.
 - (e) Function within environments which provide maximum opportunity for physical, spiritual, emotional and aesthetic development and which will ensure the safety of everyone.
 - (f) Facilitate the structure of a society/community based on the optimal use of the integrity, good will and humanity of all its members in which the dignity of persons is a priority value.
 - (g) Train and provide adequate supervision for staff.
 - (h) Be accountable to an external Executive or Community Board with meetings predetermined and at regular intervals during the year for the purpose of maintaining supervision and responsibility for the activities of the program and each facility.
 - (i) Produce an annual audited financial report, authorized by the member's Executive or Community Board.

3. The Board of the World Federation of Therapeutic Communities will require adherence to the Standards and Goals when considering applications and renewals of membership and will also require active compliance with the criteria established by the World Federation's By-Laws under the "Definition" Article III and the "Membership" Article VI (with particular reference to paragraphs A1, A2, B1, B2 and C3).



Payment Options:

Membership fees can be paid via electronic bank transfer, check (only US organizations) or via PayPal

1. Electronic bank transfer into the WFTC account in the US (request information via email wftc@cpinc.org)
2. Via Check for US organizations – Mail check to headquarters
3. Via PayPal

Please make your payment for the correct membership fee plus all transfer costs and include your organization's full name and the fiscal year for which you are paying the fee in the transfer reference details if contributing to the international fund please note that. WFTC is not responsible for any banking charges incurred by member organizations.

WIRE TRANSFER

Send an email to wftc@cpinc.org and request wire transfer information

PAYPAL

PayPal via <https://www.paypal.me/wftc>. Please enter the correct amount (see above), the full name of your organization and the year for which the fee is being paid. WFTC is not responsible for any charges incurred by member organizations.

Invoices and Receipts:

If you require an invoice from the WFTC, please email wftc@cpinc.org with a request. Similarly, if you wish to confirm receipt of a payment, please email wftc@cpinc.org at least two weeks after the payment was made.

MEMBERSHIP CERTIFICATES

Certificates will be issued and mail once payment has been received.

Please make sure to email back your contact information
wftc@cpinc.org

For any questions please call
Miguel Garibay
WFTC Secretary
415-526-7808
mgaribay@cpinc.org
or
wftc@cpinc.org