



California Council of Community Behavioral Health Agencies
 455 Capitol Mall, Suite 315 • Sacramento, CA 95814 • 916-557-1166
 Associate/Business Associates Application | July 1, 2018 – June 30, 2019

Organization Name: _____

Primary Contact: _____ Title: _____

Type of Business: _____

Interest in Behavioral Health Issues (Assoc. only): _____

Address: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____ Website: _____

List one CBHA Member as a Reference (required) _____

How did you hear about us? _____

Associate Dues Initial dues of \$250 are payable upon approval by the Membership Committee; yearly dues of \$250 are due on July 1. Following receipt of application, a profile will be created, and an invoice generated. Following payment, the Associate member will receive a username and password to access the website. All electronic communications received by the associate member shall be treated as confidential information and intended solely to the registered member. Associate memberships are privileged to the individual applicant. By signing this application below, the prospective Associate Member understands and agrees to these dues and membership requirements. **Please attach brochures, marketing information and other relevant documentation to this application.**

Business Associate Dues Initial dues of \$2,500 are payable upon approval of Business Associates status by the Membership Committee. Dues will be pro-rated at the 6-month mark if necessary, and yearly dues of \$2,500 are due on July 1. Following payment of the initial \$2,500, the Business Associate will receive regular written or electronic communication and will be listed on the CBHA website. By signing this application below, the prospective Business Associate understands and agrees to these dues requirements. **Attach brochures, marketing information and other relevant documentation to this application.**

Added Value Looking for more? Pay \$7,000 in dues and receive affiliate membership in the National Council for Behavioral Health as well as premier opportunities at National Council and CBHA events. *An annual savings of \$2,000!*

I have read this application, understand the conditions and requirements (below) of Associate Member Status of the California Council of Community Behavioral Health Agencies as described herein, and agree to abide by these conditions and requirements.

 Authorized Signature

 Date

CBHA's Associate Membership is available to individuals and professionals that provide products and/or services to or for members, or to the community mental health field in general, and who support the mission and goals of CBHA. This program is authorized under the CBHA bylaws and granted under rules and regulations adopted by the Board of Directors. **Business Associates are not members of CBHA and the program does not confer membership rights of any kind.** Organizations or professionals eligible for provisional or general membership are not eligible for this program. Business Associates are organizations or professionals who provide service to our members and are expected to conduct their business in an ethical manner to not bring their association with the CBHA in question. Failure to pay dues or to abide by rules adopted by the CBHA shall result in termination of participation in the Business Associate program. By signing this application, the prospective Business Associate understands and agrees to these conditions. The granting of Business Associate status by the CBHA is *not* an endorsement, real or implied, of the products and/or services offered by the Business Associate. The Business Associate may *not* claim any such endorsement by CBHA of its products and/or services in any oral, written, visual, audio or electronic communication to CBHA members or to the public at large. By signing this application, the prospective Business Associate understands and agrees to this prohibition of endorsement rights.