



National Association of Therapeutic Schools and Programs

2019 -2020 Affiliate Membership Application

The National Association of Therapeutic Schools and Programs (NATSAP) is pleased to offer an Affiliate membership to organizations that provide services and products expressly designed to supplement services rendered by regular NATSAP member programs as well as organizations that provide services directly to regular NATSAP member programs. **Examples: transportation companies, educational facilities, insurance agencies, food service companies, wilderness equipment companies, etc.**

An application for a NATSAP Affiliate Membership is voluntary on the part of the applicant and is designed to provide organizations the opportunity to show their commitment to the ethics and standards upheld by the National Association of Therapeutic Schools and Programs and its members.

Acceptance as an Affiliate Member is based upon completion of the application in full and receipt of the Annual Dues and is accepted with the acknowledgement of the applicant that the application is complete. Affiliates will receive an invoice to renew their association with NATSAP at least thirty days prior to the expiration date.

The NATSAP Executive Office will review the submitted application and will submit it for approval.

All applications and related documents must be signed by the applicant and must include a signed copy of the NATSAP Affiliate Member Ethical Principles.

ALL APPLYING AFFILIATES:

NATSAP reserves the right to

- Request references from a NATSAP member program representative in good standing.
- Refuse affiliate membership for any reason including, but not limited to, any past/pending or future legal action taken against any organization applying for affiliation
- Request and receive any documentation regarding such legal action prior to acceptance of affiliation with the NATSAP organization. It is the responsibility of the organization requesting affiliation to alert NATSAP of any pending legal issues that may impact the decision for membership. ***Please note Transitional programs providing direct inpatient and/or outpatient therapeutic care MUST apply for a NATSAP program membership (Full, Provisional, or Associate Membership). The application for this membership can be located on the NATSAP website or by emailing info@natsap.org.**

BENEFITS

As a NATSAP Affiliate Member, you will:

- Be listed on the NATSAP website (your name and your company/organization)
- Receive a copy of the Biannual NATSAP Newsletter
- Be eligible for reduced conference registration fees
- Be listed in NATSAP's Annual Membership Directory
- Your contact information will be listed on the Website
- You may use the NATSAP logo **only if it is linked to the NATSAP Website**
- You will be linked from the NATSAP Website to your Website
- Participate in NATSAP webinars and surveys
- Be eligible for exclusive NATSAP member discounts (online learning, travel discounts, etc.)
- Others as they become available

RESTRICTIONS

- You will not have a vote in NATSAP elections on the issues requiring voting
- You may not serve on NATSAP's Board of Directors unless you are also employed by a regular NATSAP member program
- You are ineligible to participate in the We Are NATSAP newsletter.

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IMPORTANT: You must provide full responses on the Affiliate Member application. Failure to do so will result in a delay of the application review process.

PLEASE PRINT:

Application Date: _____

Full Name of Business: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different from Business Address)

Would you like to receive a copy of the Directory?

Y N

If yes, how many would you like to receive? _____ (Maximum quantity is 2)

Which Address should be listed online and in NATSAP printed directory? (Please select only one.)

Business Address Mailing Address

Phone: _____

Fax: _____

Email: _____

Website: _____

Please indicate your area of expertise:

- | | | |
|---|---|--|
| <input type="checkbox"/> After Care | <input type="checkbox"/> Transport | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Psychiatric Hospital | <input type="checkbox"/> Food Service | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Transitional Coaching* | <input type="checkbox"/> Database Management | <input type="checkbox"/> Other (Please Specify): _____ |
| <input type="checkbox"/> Interventionist | <input type="checkbox"/> Outdoor Clothing/Equipment | |

Are you licensed or certified? Yes No

If yes, please provide a copy of your license or certification and indicate your license or certification here: _____

What is your reason for applying for Affiliate Membership with NATSAP?

Please provide a description of services below (100-word maximum):

***Please note Transitional programs providing direct inpatient and/or outpatient care MUST apply**



The National Association of Therapeutic Schools and Programs Affiliate Membership Ethical Principles

The National Association of Therapeutic Schools and Programs (NATSAP) Affiliate Members participate in the common mission of promoting healthy growth and the personal well-being of program participants. NATSAP Affiliate Members support NATSAP’s objectives to provide excellent treatment for program participants that is rooted in good- hearted concern for their well-being and growth, respect for them as human beings, and sensitivity to their individual needs.

Therefore, I will strive to

1. Be conscious of, and responsive to, the dignity, welfare, and worth of our program participants.
2. Honestly and accurately represent ownership, competence, experience, and scope of activities related to our program, and to not exploit potential clients’ fears and vulnerabilities.
3. Respect the privacy, confidentiality, and autonomy of program participants within the context of our facilities and programs.
4. Be aware and respectful of cultural, familial, and societal backgrounds of our program participants.
5. Avoid dual or multiple relationships that may impair professional judgment, increase the risk of harm to program participants, or lead to exploitation.
6. Take reasonable steps to ensure a safe environment that addresses the emotional, spiritual, educational, and physical needs of our program participants.
7. Strive to maintain high standards of competence in our areas of expertise and to be mindful of our limitations.
8. Value continuous professional development, research and scholarship.
9. Place primary emphasis on the welfare of our program participants in the development and implementation of our business practices.
10. Manage our finances to ensure that there are adequate resources to accomplish our mission.
11. Fully disclose to prospective candidates the nature of services, benefits, risks, and costs. Provide informed, professional referrals when appropriate or if we are unable to continue service.

I, _____, have signed below to indicate that I aspire to the above Ethical Principles

Signature

Name (please print or type)

Title

Date

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CONTACT INFORMATION

Executive Contact: _____
 Position/Title: _____
 Telephone Number: _____
 Email: _____

Primary Contact: _____
 Position/Title: _____
 Telephone Number: _____
 Email: _____

Contact Person for changes to Directory page:

 Position/Title: _____
 Telephone Number: _____
 Email: _____

Contact Person for payment of dues:

 Position/Title: _____
 Telephone Number: _____
 Email: _____

***If any contact fields are left blank, the primary contact will be used as the point person for that information.**

Social Networking Profiles (Optional)
 Program's Facebook ID? _____
 Program's Twitter ID? _____

RETURN APPLICATION, SIGNED ETHICAL PRINCIPLES AND PAYMENT FOR MEMBERSHIP

July 1, 2019 – June 30, 2020: \$869.00

*Membership fee may be prorated based on application date. Please check the website or contact the NATSAP Home Office to find out if your rate will be prorated at (301) 986-8770 or shanita@natsap.org.

PAYMENT:

Check is enclosed Check number: _____
 Credit Card Amex Visa MC
 Credit Card Number: _____
 Exp. Date: _____ CVV #: _____
 Name on Card: _____
 Billing Address:

- Please fax your payment to (301) 986-8772
- Or make check payable to: NATSAP

MAIL TO: NATSAP
 Attn: Shanita Smith, Director of Membership
 4350 East West Hwy, Ste 925
 Bethesda, MD 20814

OR

shanita@natsap.org

I, _____, attest that I will adhere to NATSAP's Mission and Vision and will abide by the NATSAP Affiliate Ethical Principles.

Signature _____

Date _____

- All late payments will be assessed a 1 ½% late fee on the principal amount every 30 days until payment is received
- Since NATSAP is engaged in lobbying activities, please note that only 93% of your membership dues for 2019-2020 may be deducted as an ordinary business expense. (Example: If your dues are \$100, you may not deduct \$7. You can, however, deduct \$93 as an ordinary business expense.)
- * If you have any questions or need help please contact Shanita Smith at the NATSAP office at (301) 986-8770 or shanita@natsap.org

NATSAP Office Use Only

Date Received ___/___/___ Date Approved/Denied ___/___/___ Emailed: ___/___/___

DB Entry ___/___/___ NMP Sent ___/___/___ Posted on website ___/___/___