**SOMETHING FOR EVERYONE**

|  |  |  |  |
| --- | --- | --- | --- |
| PROFESSIONALS | STUDENTS | PEER SUPPORT SPECIALISTSImage result for peer support clipart | RETIREDPROFESSIONALSRelated image |
| * $50 annual dues
* $25 discount per conference
* Inexpensive CEUs
* 2 Yearly Conferences Centrally Located
* Informative MACA Newsletter
* Networking opportunities
* MACA official certificate
* The opportunity to mentor the next generation of professionals.
 | * $ 25 Student discount
* 2 Yearly Conferences Centrally Located
* Informative MACA Newsletter
* Networking opportunities
* MACA official certificate
* The opportunity to be mentored by the past and current generation of professionals.
 | * $25 CPS discount
* 2 Yearly Conferences Centrally Located
* Informative MACA Newsletter
* Networking opportunities
* MACA official certificate
* The opportunity to mentor and be mentored.
 | * $25 retiree discount
* The chance to promote and enhance the role of the Professional Addictions Counselors.
* Everything offered in the professional membership.
* The chance to stay connected with the Substance Use Disorder Community.
 |
|  |  |  |
| THE INTROVERTED | THE EXTROVERTED | THE PROCRASTINATOR |
| * Our conferences are small.
* We have 6 regional reps and 2 members at large that can assist you with anything you need.
 | * Multiple networking opportunities.
* Any member can join a committee and we have several of them.
* The board meets four times a year.
 | * Each conference is scheduled in the same month as MCB renewals, we’ve got your back!
 |

An application to join MACA is located on the back side of this page. Please fill it out and return it. If you have any questions just ask a board member. If you are not sure who they are, look for a green name tag. Or you could talk to another member, they have yellow name tags.



MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CREDENTIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_

WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS THE NAME OF YOUR MACA RECRUITER?

 Please select the type of membership you are applying for.

[ ] $50 Professional [ ]  $25 Student [ ]  $25 Peer Support [ ] $25 Retired

How will you be paying today?

[ ] Check [ ] Master Card [ ] Visa [ ] Discover Card [ ] American Express

Make checks payable to MACA, and mail with this form to:

MACA

PO BOX 73

OWENSVILLE, MO 65066

Name on Card: Credit Card Number:

Billing Address: Expiration Date:

City, State and Zip code: Verification Code (There will be a credit card fee added to your total.)

[ ]  By checking this box, I am agreeing to the MACA code of ethics.

[ ]  By checking this box, I am giving my permission for MACA to charge my credit card listed above.

This form may be returned via email to maca@socket.net or mailed to the addressed listed above. MACA phone 417-372-0123.