**SOMETHING FOR EVERYONE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROFESSIONALS | STUDENTS | | PEER SUPPORT SPECIALISTS  Image result for peer support clipart | | RETIRED  PROFESSIONALS  Related 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](mailto:maca@socket.net) or mailed to the addressed listed above. MACA phone 417-372-0123.