

**NEBRASKA ASSOCIATION
OF
BEHAVIORAL HEALTH ORGANIZATIONS**

The Nebraska Association of Behavioral Health Organizations exists to actively promote sound, responsive, efficient and effective substance abuse and mental health services for the people of Nebraska.

2008-2009 MEMBERSHIP APPLICATION/RENEWAL

Name of Representative _____

Name of Organization _____

Is your Organization Profit _____ **Non-Profit** _____

Director's Name _____

Business Address

Street _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Email Address _____

Mission and Purpose of Organization

Disclosure of Ownership and Control of Organization

Services Provided

Please indicate interest in NABHO committee work

Membership _____

Legislative _____

Nominating _____

-MORE-

NABHO Membership Application

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Annual dues are assessed based on the size of the applying member's annual behavioral health budget or as stated for consumers/consumer organizations. The dues year is July 1 to June 30. Any new organization joining NABHO after October 1 will pay a prorated amount for first year's dues.

YOUR ORGANIZATIONS ANNUAL BEHAVIORAL HEALTH BUDGET: \$ _____

*Please circle your dues category below and return to the address below with the dues payment.

NABHO Provider-member Annual Budget

Annual Dues

\$500,000 or less	\$605.00
\$500,000.01 to \$750,000.00	\$908.00
\$750,000.01 to \$1,000,000.00	\$1,210.00
\$1,000,000.00 to \$1,500,000.00	\$1,815.00
\$1,500,000.00 to \$2,000,000.00	\$2,420.00
\$2,000,000.00 or more	\$3,025.00
Consumer Organizations	\$1.00 per member

Please send this application with your dues check to:

NABHO

1141 H Street, Suite B

Lincoln, NE 68508

(402) 475-0727