

Please complete the membership form below and return it with you check for \$21.00 payable to AILPA. Send to:

AILPA  
Attn: Ann Applebee  
YKHC FIT Program  
PO Bx. 528 Suite 236  
Bethel, AK 99559

We grow stronger with each member- invest in your association.

Sincerely,  
Ann Applebee, MSW, LCSW  
AILPA Treasurer

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**AILPA Membership Form**

Name \_\_\_\_\_ Program \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Please communicate AILPA information via (circle one)    EMAIL                    MAIL

\_\_\_\_\_ I would like to be a representative for my region

\_\_\_\_\_ I would like to be on the fundraising committee

\_\_\_\_\_ I would to make an additional donation to the Advocacy fund for  
(amount) \_\_\_\_\_

Based on concerns identified by members, we have established the following committees. Please indicate your interest in participating in one or more committee:

\_\_\_\_\_ Behavioral Health

\_\_\_\_\_ Finance (primarily addressing billing issues)

\_\_\_\_\_ Public Awareness

\_\_\_\_\_ Partnership with the State

\_\_\_\_\_ Other suggestions for areas to be addressed \_\_\_\_\_

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