

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

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 _____
