ASSOCIATE MEMBERSHIP

FY 2026 MEMBERSHIP APPLICATION

About ABH Associate Membership

An ABH Associate Member is defined as an individual, professional corporation or corporation that provides professional services to member corporations, including but not limited to accounting, legal, systems, and planning services. Associate Members have the same rights and privileges of membership with the exception of voting. Associate Member dues are $2,450.00 annually and are assessed quarterly.

ASSOCIATE MEMBER INFORMATION

Name of Corporation : _____

Corporate Address : _____

City, State, Zip : _____ E-Mail : _____

Phone Number : _____ Fax : _____

PLEASE WRITE A BRIEF DESCRIPTION OF YOUR ORGANIZATION

(for ABH to post on our website)

CONTACT INFORMATION

ABH Liaison

Please identify the person who will serve as the key contact, and to whom all ABH mailings should be sent

Liaison Name : _____

Liaison Title : _____

Address : _____

City, State, Zip : _____ E-Mail : _____

Phone Number : _____ Fax : _____

Billing Contact

Please identify the person who will serve as the primary billing contact for your organization

Contact Name : _____

Contact Title : _____

Address : _____

City, State, Zip : _____ E-Mail : _____

Phone Number : _____ Fax : _____

PROFESSIONAL SERVICES

Identify the Type of Professional Services Provided (please list) :

_____

_____

_____

_____

_____

Please identify the names of the organizations that you currently serve in Massachusetts that provide mental health and / or addiction treatment services :

_____

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APPLICATION INFORMATION :

Please return this signed, completed application to :

Lydia Conley, President / CEO
lconley@abhmass.org

Please indicate "Associate Membership Application" in the subject header and use "read receipt", if possible.

Membership is approved by a majority vote of the ABH Board of Directors and current Association members. You will be notified of your membership status as soon as both votes have been taken. If you have any questions, please contact Lydia Conley, President / CEO, at lconley@abhmass.org.

SIGNATURE :

This section should be completed by an authorized signatory of your organization :

_____	_____
Name of Authorized Signatory (printed)	**Title of Authorized Signatory**
_____	_____
Signature	**Date**