

MEMBERSHIP AGREEMENT

_____ agrees to be a member of the Chemical Dependency Training Consortium of the Northwest. We understand that membership obligates us to:

- a. provide one training event of six-hour duration when requested but not more frequently than once per year. The event must meet certification standards prescribed by the State of Washington Department of Health (DOH).
- b. bear all costs associated with providing the training.

Membership renders our volunteers, interns, and paid staff eligible to participate in all Consortium activities as members.

We understand that if we default on our training event obligation for any reason, we will be subject to one of two sanctions:

- a. our membership can be terminated with no possibility of reinstatement for two years, OR
- b. we can pay a penalty of \$500.00 to the Consortium, AND provide a training event at the next available time slot.

We understand that as a condition of our membership we are expected to participate in general membership meetings.

Signed the _____ day of _____, 20____.

SIGNATURE OF AGENCY CEO OR ADMINISTRATOR REQUIRED:

(Signature)

(Printed Name)

(Title)

(Name of Agency Representative)

Address: Number and Street

City, State, ZIP

(_____) _____
Telephone