



Mission Statement

Promote Partial Hospitalization and Intensive Outpatient Programs as a vital component of the Behavioral Healthcare Continuum

Vision

To provide Education, Support and Advocacy for Partial Hospitalization and Intensive Outpatient Programs

**ASSOCIATION FOR AMBULATORY
BEHAVIORAL HEALTHCARE**

Annual Membership Costs

Individual: \$295. Program \$495. System \$695*

MEMBERSHIP BENEFITS

www.aabh.org

1. **Notifications:** Keeps you abreast of Medicare and Managed Care industry, regulatory, and reimbursement changes, and trends. Plus opportunities to network with other providers within your region and across the country!
2. **Current information on pending legislation:** Which affect the industry, and having a voice in influencing that legislation.
3. **Access to Medicare Q&A Forum:** You can post your questions about Medicare, reimbursement, and regulatory issues.
4. **Discount registration:** For AABH Annual Training Conference, discounts on the AABH monthly Audio Conferences Publication and on many other AABH publications, including the revised PHP Standards & Guidelines, National Data Reports, and Treatment Planners!
5. **Credit Hours:** Up to 18 CE's available at the National Training Conference.
6. **Online job listings:** You can post your resume, search for jobs, locate qualified applicants to meet your organization's needs and reduced rates to post jobs under our career center.
7. **Subscription to Behavioral Healthcare Tomorrow:** A bi-monthly magazine. Also, a **50% Discount** on subscriptions to the latest weekly newsletters from the publishers of Behavioral Healthcare Tomorrow, *Mental Health Weekly* and *Getting Paid in Behavioral Healthcare*.
8. **Help shape the industry:** An opportunity to get involved with an Association committee or workgroup.
9. **Assistance with Technical Questions:** If you've posted a question under the *AABH Members Only Medicare Q&A forum* and it hasn't been answered, forward you question to mickey@aabh.org. Your email will be redirected to the appropriate behavioral healthcare professional.

UPGRADE YOUR MEMBERSHIP !

**Don't Miss the Additional Benefits for:
Program Membership or
System Membership
(See next page!)**

TAX ID: 04-2609724

***AABH Central Office*
247 Douglas Avenue
Portsmouth, VA 23707
757-673-3741**

Individual Benefits: \$295.00 !

Includes all of the above!

Want More Out of your AABH Membership?
Upgrade to Program, or System Level for additional benefits !

Program Level: (Includes Individual Benefits): \$495.00

- Regardless of change in personnel the membership stays with the organization!
- One FREE Audio Conference (a \$150.00 value!) per year in addition to a reduced rate for other Audio Conference each year!
- Subscription to the bi-monthly magazine, *Addiction Professionals*.
- Expanded Email Communication: Add two additional associates!
- A conference registration discount is available for three attendees from your program!

System Level: (Includes All the above benefits): \$695.00*

- Two FREE Audio Conference per year in addition to a reduced rate for other Audio Conference each year!
- AABH Data/Policy Reports: Get all copies mailed to the Systems primary contact. E-mail mickey@aabh.org to make your request.
- Membership Reach: A System membership allows for multiple programs/sites within an organization covering one major metropolitan area!
- *Additional Site Discount: Add multiple programs/sites within an organization outside your primary metropolitan area for \$50 each to ensure they get complete AABH System benefits!
- Purchase the latest AABH publications electronically and distribute to everyone in your system without additional charge!
- A conference registration discount is available for an unlimited number of attendees from your program!



ASSOCIATION FOR AMBULATORY
BEHAVIORAL HEALTHCARE

NEW MEMBER APPLICATION

Please pass this on to someone who
wants to be a better mental healthcare
professional

Sponsored By: _____

Please write your contact information below:

Full Name:

Organization Name:

Job Title:

Address:

City:

State: Zip:

Email:

Work Phone: Fax:

Please send me the Milieu by E-mail only _____ by U S mail only _____

Submit This Application To:

**AABH Membership Department
247 Douglas Avenue
Portsmouth, VA 23707**

Fax: 757-966-7734

Phone: 757-673-3741

Email: mickey@aabh.org

Website: www.aabh.org

Tax ID # 04-2609724

For Program and System Memberships Only: Please list two additional contacts with e-mail addresses.

Additional Contact #1: Name _____ Email _____

Additional Contact #2: Name _____ Email _____

Payment Method

Visa or MC

Membership Good From 1/1 to 12/31. AABH Does Not Do Anniversary Date Memberships.

Under the membership structure, I (my organization) want(s) to be enrolled as:

___ System Membership-----\$695 (plus \$50 per additional site)

___ Program Membership-----\$495

___ Individual Membership-----\$295

CIRCLE ONE

Card Number or Check Number	Exp. Date
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Name on Card (print):	Signature
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For System Memberships Only: Please list any additional corporate/main offices (\$50 per additional site) and make additional copies of this page to include the address/contacts information for each additional site.

<u>Name of Facility</u>	<u>Mailing Address</u>	<u>Phone/Fax/Email</u>

AABH DUES ARE NOT TAX-DEDUCTIBLE AS A CHARITABLE CONTRIBUTION

Please return this completed application with your payment in the form of a check, VISA or MasterCard.