

## Katherine Keough, Executive Director

276 SW Lake Forest Way, Port St. Lucie, FL 34986 Telephone: (617) 347-1455/Fax: (617) 472-0521 Email: kathykeough@nascsa.org

www.NASCSA.org

## **Membership Application**

| Name of Organization or Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | l:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                                                                              |                                                                                                                                                                                                                                                                     |
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| Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title                                                                                                                                                                                | <u>:</u>                                                                                                                     |                                                                                                                                                                                                                                                                     |
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| Regular Membership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Associate Men                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nbership                                                                                                                                                                             | Associat                                                                                                                     | e Individual Membership                                                                                                                                                                                                                                             |
| approval for such issuance by another agency controlled substances registrations by mean tration, or the responsibility for issuance of affect the controlled substances activity of membership, is entitled to one vote for the substance and associate member upon payment agency or organization with the companies of the substance and associate member upon payment agency or organization with the companies of the substance of the substance and associate member upon payment agency or organization with the substance of | ns of suspension, revocation any professional license who of the person or entity licestate. Representatives of Remarks Associated that a stated interest in drug at of the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the Associated that the same fee as is set for hold office in the same fee as is set for hold office in the same fee as is set for hold office in the same fee as is set for hold office in the same fee as is set for hold office in the same fee as is set for hold office in the same fee as is set for hold office in the same fee as is set for hold office in the same fee as is set for hold office in the same fee | on, cancellation, probatich gives the agency a ensed. Each member agence when the member agence when the membership of control, which agence regular membership ation, but may serve | ational or conditanthority to issue or state, regardle ies may hold officy is not eligible ip in the Associatas an ad hoc me | tional issuance or continuance of register, modify, suspend, revoke, or otherwise less of the number of agencies having ice in the organization.  For membership as set out above, may tion. An associate member shall not be tember on Association committees wher |
| periodic webinars offered by NASCSA).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Associate Indi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | vidual Member                                                                                                                                                                        | rshin                                                                                                                        |                                                                                                                                                                                                                                                                     |
| Any individual or individual representative application and subsequent majority vote associate individual member shall not be members on Association committees when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of an entity, with a stated<br>of the executive commit<br>eligible to vote on Associa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | interest in drug conti<br>tee and payment of<br>ation matters or to h                                                                                                                | rol, may become<br>a fee not to exc                                                                                          | ceed that for regular membership. Ar                                                                                                                                                                                                                                |
| Cu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | urrent Annual Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s – July 1 throu                                                                                                                                                                     | gh June 30                                                                                                                   |                                                                                                                                                                                                                                                                     |
| Regular or Associate Members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$300.00 / Assoc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ciate Individual Me                                                                                                                                                                  | mbership                                                                                                                     | \$300.00                                                                                                                                                                                                                                                            |
| Check Enclosed - (note: please make che                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | cks payable to NASCSA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                      |                                                                                                                              |                                                                                                                                                                                                                                                                     |
| Please Invoice my agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                      |                                                                                                                              |                                                                                                                                                                                                                                                                     |
| Credit Card: (Check one) American Exp<br>Card number: E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mastercard<br>CVV code:                                                                                                                                                              | **Actua                                                                                                                      | al billing Zip code:                                                                                                                                                                                                                                                |

NASCSA is a non-profit educational corporation that is tax-exempt under provisions of  $\S501(c)(3)$  of the Internal Revenue Code. Our Federal Tax Identification Number is 57-0996525