



# MEMBERSHIP APPLICATION

*Membership in ATAP is open to any national, regional, or state professional or patient organization.*

## General Information

**Organization Name**

Office Address

City

State

Zip Code

Office Telephone

Please indicate desired membership level:                      Governing                      Participating                      Principal

## ATAP Representative and Administrator

Please designate a representative who will serve as the primary liaison between your organization and the coalition and an administrator to whom ATAP can direct billing and all other administrative matters.

**ATAP Representative Name**

Telephone

Email

**Administrator Name**

Telephone

Email

## Authorized Voter (*Principal and Governing Members Only*)

Organizations joining as Principal or Governing Members will need an authorized voter to represent their organization on the Governance Committee and vote on its behalf. If your organization is seeking to become a **Principal or Governing Member**, please designate an authorized voter below.

**Authorized Voter Name**

Telephone

Email

## ATAP Membership Fee

Principal Member Dues: \$15,000                      Governing Member Dues : \$5000                      Participating Member Dues: \$500

**Signature**

**Date**

**Please submit the completed application and check made payable to "ATAP" to:**

**ATAP**

**1100 E. Woodfield Rd., Suite 350  
Schaumburg, IL 60173**

**Questions?**

**Contact Elli Wills at [elli@wjweiser.com](mailto:elli@wjweiser.com)**