

Date

Agency Name

+Agency CEO/Director or Member of Record Designee Name & Title:

+You may also opt to appoint a 2nd in-command as the Alternate Designee:

+Either of these individual(s) may participate in the IBHA General Members Meetings as the official agency representative & voting entity.

Address

City/State/Zip

Telephone

Fax

Mobile

Email

Website

___ YES ___ NO Is there current or pending litigation against your organization? If yes, please explain.

In what towns does your agency have a physical presence and what counties / geographical area(s) does your agency have organizational representation and/or programming presence?

Why are you interested in organizational representation in the Iowa Behavioral Health Association?

Describe your organization's stated mission, values, and goals.

Please attach the following information and return with your application:

1. Agency organizational chart
2. Typed list of all Board of Directors or owner(s)
3. Typed list of branch office locations and phone numbers
4. Most recent certificate of accreditation and all applicable license(s)
5. Most recent financial statement
6. Most recent annual report of agency services and programs

Return to: IBHA, 2900 100th Street, Suite 200, Urbandale IA 50322

You are encouraged to enclose descriptive brochures about your agency and its programs.