

New Member Application



Contact Information:

Organization Name: _____
Representative Name: _____
Title: _____
Email: _____ Phone _____
Address: _____ City _____ Zip _____

Membership Category:

Please choose a membership category, as this corresponds with customized member services.

- Behavioral Health Provider
- Partner
- Corporate Affiliate

Organizational Budget / Dues

Please provide your organizational budget applicable to behavioral health as this establishes annual dues. This can be updated annually and are billed on the state fiscal year. Organizations who join mid-year have pro-rated dues.

Behavioral Health Budget	Membership Dues:
<input type="checkbox"/> Less than \$500k	\$500
<input type="checkbox"/> \$500k to \$1M	\$1000
<input type="checkbox"/> \$1M to \$3.5M	\$1500
<input type="checkbox"/> Larger than \$3.5M	\$3500

Corporate affiliate partners please contact ABHA individually to determine membership dues.

Organization Overview

Please provide a short description of your organization, the services provided, and so that we can better meet your needs, what you hope to gain with membership in ABHA.

Benefits of Membership:

- Joint advocacy on policy issues to elevate our shared voices
- Receive special alerts and analysis on issues that impact behavioral health in Alaska
- Join monthly stakeholder meeting with state partners and stakeholders
- Join affinity groups tailored for behavioral health providers
- Two annual meetings to partner with colleagues across the state on relevant information, solution-finding, and sharing to elevate the behavioral health sector in Alaska
- ABHA membership includes automatic membership in the [National Council for Wellbeing](#)

Process to Join:

1. Short call with ABHA staff to learn more about your needs and ensure membership is the right fit.
2. The prospective member’s application form is reviewed with the ABHA Board for approval.
3. Once approved, the organization then would submit payment to initiate membership onboarding

ABHA’s vision is to advance and elevate the role of behavioral health and whole person care so all Alaskans will thrive.

New Member Onboarding



Get Connected

Please provide the emails of any staff you would like added to the ABHA members-only listserv:

1. _____
2. _____
3. _____
4. _____
5. _____

Would you like to also join the National Council for Mental Wellbeing?

- Yes
- No

If yes, we will put you in touch with the enrollment coordinator there to initiate your included membership.

Get Plugged into Events

The ABHA Operations Team will follow up to add your team members to the monthly stakeholders meeting, and to share any other ABHA members-only events that you may be interested in attending.

- Monthly Stakeholder's Meeting
- Billing Affinity Group
- Children's Services
- Adult Services
- SUD Services
- Compliance
- CFO/HR

Membership List

ABHA maintains a list of [all members](#) on the association website. If you would like to be publicly listed here, please provide the following information via email to operations@alaskabha.org.

- One sentence agency overview
- Bulleted list of core services
- Logo
- Accreditation

Primary Contacts

Primary point of contact for billing:

Name: _____

Email: _____

Here for You

Is there anything else ABHA can do to support you as a new member?

ABHA is a 501(c)6 trade association comprised of over 70 provider organizations formed in 1996. Behavioral health services are a critical part of the overall well-being of Alaskans, made possible only through provider/member organizations. We endeavor to provide valuable and responsive services to members.

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