

MEMBERSHIP FEE PAYMENT

EBHA Membership Fee per calendar year is \$20. Fee may be paid through the payment link on the Membership page of www.ebhaipa.org. Alternatively, mail check made out to EBHA: EBHA IPA, PO Box 2538, Corvallis, OR 97330. To submit this application, email as an attachment to: info@ebhaipa.org

ATTESTATION:

I hereby agree that I will abide by the Code of Ethics of my professional licensing board, and agree to review by the Evergreen Behavioral Health Association (EBHA) Quality Assurance Committee, in accordance with the EBHA bylaws. I further agree to notify EBHA if I am ever not in good standing with my licensing board or if I am incapacitated or decide to cease providing behavioral health services. I further understand that falsification of information, conviction of a felony, reprimand by a licensing board, or revocation of licensure may be grounds for rejection or termination of the EBHA membership and of any and all benefits resulting therefrom. I understand that my application for membership will be presented to the EBHA Board of Directors for final approval. I will receive notice of the Board's decision within 60 days of submission, or notification of why this timeline is not met.

Signature:

Date:

Feel free to write any additional comments with regards to this application:

Thank you for partnering with EBHA to improve the quality of behavioral healthcare in Oregon, and to improve the quality of our lives as behavioral healthcare providers.

**TO SUBMIT THIS APPLICATION, DOWNLOAD AND EMAIL AS AN ATTACHMENT TO:
INFO@EBHAIPA.ORG**