



**MEMBERSHIP FEE PAYMENT**

EBHA Membership Fee per calendar year is \$25, payable at time of application.

To pay on-line, go to link at top of ebhaipa.org home page.

Mark this box to write a check and mail it to: EBHA IPA, PO Box 2538, Corvallis, OR 97339.

To submit this application, email as an attachment to: ebha.secretary@gmail.com

**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 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:

Please let us know what interests you about joining EBHA, and which areas you might wish to get involved with (educational programming, membership outreach, community collaborations, board of directors, social events, website and technology, diversity-equity-inclusion)

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:  
EBHA.Secretary@gmail.com**