

**National Association of Therapeutic Wilderness Camping
Application for Membership**

New Member _____ Renewal _____
Membership Type: Organization____ Individual____ Student____ Consultant____
Name: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: () _____
Fax: () _____
E-mail: _____

Organization Information

Proprietary _____ Non-profit _____ Public _____
Year Founded _____ Annual Budget _____
Type of Services Provided: _____
Number of Employees _____ Number of Beds (residential) _____
Number of Clients Served Annually(non-residential) _____
Number of Locations/Programs _____
Name and address of CEO/Executive Director _____
Agency Web Link Address _____

Individual Information

Occupation _____ Education Level _____
Primary Job Duties: Direct Service _____ Supervision _____
Management _____ Other (please specify) _____

Organization Membership Requirements

1. Documentation evidencing the organization's current legal authorization to operate according to the organization's stated purpose. Evidence of current licensure and/or certification for each program/service will meet this requirement. Organizations not subject to required licensing/certification must present acceptable documentation demonstrating compliance with this requirement.
2. Adherence to the NATWC Code of Conduct is required. Submission of this application indicates the organization's commitment to continuously operate in accordance with the Code of Conduct.

Note: Continuous compliance with the above is required of all organization members. Failure to be in compliance will result in revocation of membership.

Individual Membership Requirements

1. Individual members will practice in a manner consistent with the NATWC Code of Conduct. Submission of this application indicates the members understanding of the Code of Conduct and agreement to practice consistently in accordance with the Code of Conduct.

Note: Any member found to have acted in violation of the Code of Conduct will have membership in NATWC revoked.

NATWC ORGANIZATIONAL MEMBER WEB SITE LINK

PROGRAM / COMPANY/INDIVIDUAL NAME: _____

MAIN ADDRESS: _____

CONTACT PHONE: _____

FAX: _____

E-MAIL ADDRESS: _____

WEB SITE ADDRESS: _____

CONTACT PERSON/POSITION: _____

WEB SITE LINK: (YES or NO) _____

Mail to: NATWC
 PO Box 593
 Davis, WV 26260

<p>NATWC Use Only</p> <p>Check # _____ Amount _____ Received _____</p> <p>Reviewed-Probationary Approval _____</p> <p>Scheduled for Board Review _____</p> <p>Entered-Membership Data Base _____</p> <p>Rejected _____ Reason _____</p> <p>Check Returned _____ Letter Sent _____</p>
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