

## Opioid Treatment Providers of Georgia Invoice Attachment

Thank you for becoming a member of the Opioid Treatment Providers of Georgia. In order to ensure that you, the person responsible for Board Membership, under the responsibilities your position entails we request that you complete this form and return it with your dues payment.

- I have read the Opioid Treatment Providers of Georgia By-laws and understand my responsibility to the organization. (You may access the OTPG By-laws on our website at [www.otpgeorgia.org](http://www.otpgeorgia.org)).
  
- I will follow the treatment guidelines as described in Article V of the OTPG By-laws.

The following person will represent my organization on the OTPG Board of Directors

\_\_\_\_\_. I understand if this person is unavailable to attend the meeting, I can appoint a temporary attendee with voting powers by notifying a member of the OTPG Executive Committee.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of appointed Board Member (if different than Sponsor)

