



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, is aware of the responsibilities your position entails we request that you complete this form and return it with your dues payment.

I have the Opioid Treatment Providers of Georgia By-laws and understand my responsibility to the organization.

I will follow the treatment guidelines as described in Article V of the OTPG By-laws.

_____ will represent my organization on the OTPG Board of Directors. I understand if this person is unable to attend the meeting, I can appoint a temporary attendee with voting powers by notifying a member of the OTPG Executive Committee.

Clinic Name and Location

Printed Name of Sponsor

Signature of Sponsor

Date

Printed Name of Appointed Board Member
(if different than Sponsor)

Signature of Appointed Board Member
(if different than Sponsor)

If you are not currently a member of OTPG but would want to partner with fellow opioid treatment providers in Georgia, please sign & return the paperwork, with annual dues.