The New Jersey Association of Mental Health and Addiction Agencies Inc. (NJAMHAA) facilitates an Integrated Healthcare Council, in an effort to provide avenues to foster partnerships between a variety of companies offering products and services to behavioral healthcare providers. The NJAMHAA provider organization members represent most of the behavioral healthcare providers in New Jersey and may be found in every county and almost every community statewide. They serve more than 500,000 children and adults each year and employ a significant segment of the state’s workforce.

NJAMHAA’s Integrated Healthcare Council will enable you to share information and network with the agencies that provide behavioral health services in New Jersey, and jointly adapt to the changes in the healthcare system.

Please provide NJAMHAA with the following information:

Name: ___________________________________________________

Title: _____________________________________________________

Company Name: ___________________________________________

Address: ________________________________________________________________________________________

Phone Number: __________________________ Fax Number: __________________________

E-mail Address: __________________________ Company Website: __________________________

Number of Employees: ______ Number of Covered Lives (if applicable): __________________________

Please describe your organization: _______________________________________________________________________

________________________________________________________________________________________________

Your information will be reviewed by NJAMHAA, and you will be contacted shortly regarding your application.

The dues structure is as follows:

Non-managed care and non-financial service companies: $1,303

Managed Care Organizations and financial service companies:

• 1 million to 5 million covered lives/individuals served: $1,303
• 5 million to 25 million covered lives/individuals served: $1,912
• More than 25 million covered lives/individuals served: $3,189

We can activate your membership once we receive your completed application and payment. If you are joining within the first six months of the fiscal year, the dues amount for the full year is one of the amounts indicated above. If you are joining after the six-month point, you will be invoiced for the remainder of the current fiscal year, as well as the entire following fiscal year. An invoice will be sent to you upon receipt of your application. Please either send a check made out to NJAMHAA or indicate your plans to pay by credit card when you submit the application. For a credit card payment, you will receive through e-mail a link to a secure web page to process the transaction. Please note that there will be service charges incurred if you use your credit card.

Please mail these materials to: NJAMHAA, 3635 Quakerbridge Road, Suite 35, Mercerville, NJ 08619.

If you need additional information, please contact Shauna Moses, Vice President, Public Affairs and Member Services, at (609) 838-5488, ext. 204, or e-mail at smoses@njamhaa.org.