

# CAS EMERITUS REQUEST FORM



**American Academy  
of Health Care Providers**  
I N T H E  
**Addictive Disorders**

CAS No. C- \_\_\_\_\_

As a retired CAS in good standing with the American Academy, we would like to extend the opportunity for you to become an Emeritus member. As an Emeritus member, you will continue to receive the Academy E-News, the Addiction Professional and an annual Emeritus membership card. Emeritus status also offers you the option of going back to active status without the need to reapply to the Academy.

**The annual renewal fee for Emeritus status is \$25 and there are no continuing education requirements.** If you have additional questions, please call 1-888-429-3701. To accept, please sign and date below.

I hereby request **Emeritus status** with the American Academy.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print)

NAME: \_\_\_\_\_  
(Signature)

RETIREMENT DATE: \_\_\_\_\_  
Month/Year

ADDRESS: **(CHANGES ONLY)**

\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

PO Box / Street

\_\_\_\_\_  
E-MAIL: \_\_\_\_\_

City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Please email, fax or mail this **request form** and **payment of \$25.00** to:  
American Academy of Health Care Providers  
314 West Superior Street, Suite 508  
Duluth, MN 55802

Email form to: [shannon@americanacademy.org](mailto:shannon@americanacademy.org) or Fax: 218-722-0346

**Additional Payment Options:**

Pay Online: [AmericanAcademy.org/membersonly](http://AmericanAcademy.org/membersonly)

Pay By Phone: 888-429-3701

15 FEBRUARY