



UAATP

UTAH ASSOCIATION
of ADDICTION TREATMENT
PROVIDERS

Membership Declaration

I, _____, being over 18 years of age, hereby declare the following:

1. I am the _____ of _____ (the “*Company*”)
2. The Company desires to be a member of the Utah Association of Addiction Treatment Providers (“*UAATP*”).
3. I understand that UAATP requires its members to read, review, and agree to the Code of Ethics, Utah Association of Addiction Treatment Providers (the “*Code*”) as a condition precedent to becoming a member of UAATP. (A copy of the Code is attached hereto as Exhibit 1.)
4. The Company has authorized me to read, review, and agree to the Code on the Company’s behalf.
5. I have received, read, reviewed, and considered the Code.
6. The Company, by and through me, acknowledges that it agrees to the Code and will adhere to its terms, covenants, restrictions, conditions, and requirements.

I declare that the foregoing is true and correct to the best of my knowledge,
understanding, and belief.

DATED this __ day of _____ 20 __.

The Company

By:
Its:

EXHIBIT 1

(Code of Ethics, Utah Association of Addiction Treatment Providers)