



*TCA welcomes fields of mental health, substance abuse treatment and criminal justice*

**Application for Corporate Partnership**  
(please print clearly)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Services that you provide (use back if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The cost of corporate partnership is \$3,500.00/year (starting from the day you join)\*

Please insert in envelope and return with your check made payable to **TCA**

**Contact Information:**

Therapeutic Communities of America  
1601 Connecticut Ave, NW, Suite 803  
Washington, DC 20009

PH: (202) 296-3503

FAX: (202) 518-5475