**Mississippi Association of Addiction Professionals**

 **SUGGESTION FORM**

**Organizational Suggestion:**

**Please provide in comprehensive detail any suggestion(s) you may have to make MAAP a better organization and to provide services to its Membership.**

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**\_\_\_**Continued on Additional Pages

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone :(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_ Evening Phone :(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

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

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Please Return Completed Form to: **maappresident@outlook.com**