



California Association for Alcohol/Drug Educators

## Institutional Membership

CAADE offers a group Membership rate to Accredited institutions. This includes, but is not limited to, Colleges, Universities, and Career Track Institutions.

Institutional Memberships include a membership card for each individual and a *Certificate of Membership* for your Institution as well as a link on caade.org. **Everyone included must complete a separate page of this application.**

**A significant discount will be provided to all Members for the 2020 CAADE Conference.**

Please check an option:

Yearly membership \$300 (for 1-10 individuals – must be renewed annually)

Five (5) year membership \$1200 (for 1-10 individuals – must be renewed every 5 years)

**Payment Types:** Checks and money orders may be made payable to CAADE, please include with this application. You may also pay on line at Caade.org.

**You may also request and Invoice :** Yes  No

**Refunds** will be given only if payment was issued in error or intended for another application, and within 10 days of initial payment.

Institution/Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Full Name of each person receiving Membership (include additional pages if needed):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_

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• Fax: (562) 275-3494



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Each individual must complete a separate form

***Please check statement below:***

\_\_\_\_\_ It is my desire to become a CAADE member.

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

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

T-shirt size \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Membership is sponsored by CAADE and is in no way connected to certification or registration with the ACCBC.***