

Individual Membership Application

Full Name:		
First	Middle	Last
Address:		
City/State/Zip:		
Phone:	Tshirt:	
Email:	:	
CAADE College of Attendance/Or	rganization	
Membership includes a CAADE	Tshirt mailed to your address.	
Email this application to office	@caade.org. Mail: To the address below.	
Payment types: Checks and m	oney orders may be made payable to CAADE; \$25.00 fo	or
students, or \$35.00 for working	professionals. PayPal Invoice will be emailed to the	
email address you provided whi	ich can be paid by debit or credit card at your convenier	nce.
INVOICE : YES , NO		
Signature	Date	
Plea	ase Do Not Write Below This Line – Office Use Only	

Refund Policy for Individual Membership: **Refunds** will be given only if payment was issued in error, or intended for another application, and within 10 days of initial payment. Past 10 days of purchase no refund will be given. Please let us know immediately if you have selected the wrong application.

You are in no way obligated to purchase membership as a prerequisite to certification or exam eligibility. Please visit ACCBC.org for registration or certification applications.

California Association for Alcohol/Drug Educators 4195 N. Viking Way Unit 270 Long Beach, CA 90808

Email: office@caade.org • Phone: (707) 722-2331 • Fax: (562) 275-3494