California Association for Alcohol/Drug Educators

## Individual Membership Application

Full Name: $\qquad$
Address: $\qquad$
City/State/Zip:
Phone: $\qquad$ Tshirt:

Email: $\qquad$ : $\qquad$

## CAADE College of Attendance/Organization

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 money orders may be made payable to CAADE; $\$ 25.00$ for students, or $\$ 35.00$ for working professionals. PayPal Invoice will be emailed to the email address you provided which can be paid by debit or credit card at your convenience.
INVOICE : YES __ , NO__

Please 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.

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