



MEMBERSHIP APPLICATION
Community Anti-Drug Coalitions of America

625 Slaters Lane Ste. 300, Alexandria, VA 22314
 Phone: (703) 706-0560 Fax: (703) 706-0565 www.cadca.org

Please complete the application in full and return it to the above address or fax with credit card authorization or a check or money order payable to CADCA.

MEMBER INFORMATION		
Name:		
Organization:	Title:	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:	Website:	
How did you hear about us?		
DFC Grantee?	Weed and Seed Community?	

CADCA MEMBERSHIP CATEGORIES	
MEMBER TYPE	ANNUAL DUES (√)
<input type="radio"/> Sustaining <ul style="list-style-type: none"> State Level Organizations (The Single State Authority for Alcohol, Tobacco, and Other Drugs) National Organizations 	<input type="checkbox"/> \$2,500
<input type="radio"/> Special Interest Group <ul style="list-style-type: none"> Any departments or agencies within state or local governments, prevention/treatment centers, or other organizations interested in supporting substance abuse prevention programs and building safe, healthy, and drug-free communities 	<input type="checkbox"/> \$500
<input type="radio"/> Community Coalition/Community Based Organization <i>(Please select the appropriate dues amount. Includes CADCA benefits for all your members.)</i> Your annual budget is: \$500,000 and above \$300,000-\$499,000 \$100,000-\$299,000 \$0-\$99,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$400 <input type="checkbox"/> \$300 <input type="checkbox"/> \$200
<input type="radio"/> Individual	<input type="checkbox"/> \$50

CREDIT CARD PAYMENT INFORMATION			
<i>To pay by credit card, please complete the following</i>			
<input type="checkbox"/> Check	Type of credit card:	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	
Account Number:		Expiration Date:	
Full Name (as it appears on credit card):		* <u>CVV Code:</u>	
I authorize you to charge \$ _____ to my credit card.			
Signature:			

* VISA & M/C: 3-digit verification number on the back of your card; AmEx: four-digit number located on the front of your card, to the right or left above your main card number)



MEMBERSHIP APPLICATION
Community Anti-Drug Coalitions of America

625 Slaters Lane Ste. 300, Alexandria, VA 22314
Phone: (703) 706-0560 Fax: (703) 706-0565 www.cadca.org

Please complete this form for all additional staff members.

ADDITIONAL STAFF INFORMATION		
Name:		
Organization:	Title:	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:	Website:	

ADDITIONAL STAFF INFORMATION		
Name:		
Organization:	Title:	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:	Website:	

ADDITIONAL STAFF INFORMATION		
Name:		
Organization:	Title:	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:	Website:	

ADDITIONAL STAFF INFORMATION		
Name:		
Organization:	Title:	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:	Website:	