



# NAADAC Committee Application Form

44 Canal Center Plaza, Suite 301, Alexandria, VA 22314  
Ph: 703.741.7686 • Fax: 703.741.7698

*To serve on a NAADAC Committee, current NAADAC membership in good standing is required. To apply, please email your resume and completed application to [naadac@naadac.org](mailto:naadac@naadac.org).*

## **Basic Information**

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

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

NAADAC Member Number: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **Committee Information**

Full Committee descriptions are available at [www.naadac.org/naadac-committees](http://www.naadac.org/naadac-committees).

Which committee(s) are you interested in joining?

### **Standing Committees**

- Awards Committee
- Bylaws/Policies & Procedures Committee
- Clinical Issues Committee
- Editorial Advisory Committee
- Ethics Committee
- Membership Committee
- Military & Veteran Advisory Committee
- Nominations & Elections Committee
- Professional Standards & Practices Committee
- Public Policy Committee
- Student Committee

### **Ad Hoc Committees**

- Adolescent Specialty Committee
- Critical Issues in the Black Community Committee
- International Committee

Please explain how your qualifications/experience will contribute to this committee(s).

What interests you in joining this specific committee(s)? Do you have specific ideas to share with this committee(s)?  
Please separate your responses by committee if applying for multiple committees.

Other qualifications:

Have you chaired or been a member of a NAADAC committee before?  Yes  No  
If yes, please list which committee(s) & dates served:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Updated 01.06.2020*