



Organizational Member Employee Membership Form

Current NAADAC Organizational Members receive a \$20 discount on dues for their Professional, Associate, and Peer Recovery Support Specialist employees. Discounted dues rates are on the second page of this form.

LEVELS OF MEMBERSHIP

PROFESSIONAL: Individuals who are credentialed/licensed/certified/registered addiction professionals.

ASSOCIATE: Individuals who are working toward licensure or certification in the addiction profession and non-clinical addiction professionals, such as probation officers, public health workers, administrators, marketing representatives, and other people interested in the addiction field. Please note that it is not appropriate to join NAADAC as an associate member to solicit other NAADAC members for any services.

PEER RECOVERY SUPPORT

SPECIALIST: Individuals who are credentialed/licensed/certified/registered peer recovery support specialists or recovery coaches.

ORGANIZATIONAL MEMBER INFORMATION

Organization Name: _____ Organization Number: _____

Contact Name: _____ Contact Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Payment Total *(please add dues from page 1 & 2)*: _____ Payment Type: Check Visa MC AmEx

Card Number: _____

Exp. Date: _____ CVC: _____

Signature: _____ Date: _____

Please fill out the below and page 2 with employee information.

EMPLOYEE INFORMATION

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____



Submit the completed form via email to naadac@naadac.org, fax to 703.741.7698, or mail to NAADAC, the Association for Addiction Professionals, 44 Canal Center Plaza, Suite 301, Alexandria, VA 22314.

Organizational Member Employee Membership Form

ORGANIZATIONAL MEMBER EMPLOYEE DISCOUNTED DUES

	Prof.	Assoc.	PRSS
National + State Affiliate Dues			
AL	\$90	\$69	\$69
AK	\$100	\$70	\$70
AZ	\$118	\$79	\$79
AR	\$110	\$80	\$80
CA - APAC only	\$105	\$60	\$60
CA - APAC/CAADE	\$105	\$60	\$60
CA - APAC/CADTP	\$105	\$60	\$60
CO	\$115	\$94	\$94
CT	\$115	\$94	\$94
DE	\$75	\$54	\$54
DC	\$125	\$90	\$90
FL	\$115	\$94	\$94
GA	\$125	\$104	\$104
HI	\$120	\$99	\$99
ID	\$90	\$60	\$60
IL	\$95	\$74	\$74
IN	\$115	\$94	\$94
IA	\$90	\$69	\$69
KS	\$65	\$44	\$44
KY	\$90	\$69	\$69
LA	\$90	\$70	\$70
ME	\$65	\$44	\$44
MD	\$85	\$59	\$59
MA	\$110	\$89	\$89
MI	\$120	\$99	\$99
MN	\$95	\$74	\$74
MS	\$65	\$44	\$44
MO	\$90	\$70	\$70
MT	\$95	\$74	\$74
NE	\$97	\$76	\$76
NV	\$95	\$74	\$74
NH	\$95	\$74	\$74
NJ	\$105	\$60	\$60
NM	\$105	\$75	\$75
NY	\$110	\$89	\$89
NC	\$110	\$89	\$89
ND	\$115	\$74	\$74
OH	\$100	\$79	\$79
OK	\$65	\$44	\$44
OR	\$90	\$60	\$60
Pacific Jurisdiction	\$65	\$44	\$44
PA	\$90	\$64	\$64
Puerto Rico	\$65	\$44	\$44
RI	\$90	\$70	\$50
SC	\$100	\$79	\$79
SD	\$90	\$69	\$69
TN	\$85	\$64	\$64
TX	\$125	\$104	\$104
UT	\$110	\$89	\$89
VT	\$115	\$94	\$94
VA	\$140	\$119	\$119
WA	\$105	\$84	\$84
WV	\$100	\$79	\$79
WI	\$105	\$84	\$84
WY	\$90	\$60	\$60
Virgin Islands	\$65	\$44	\$44
Military*	\$65	\$44	\$44
International	\$65	\$44	\$44

EMPLOYEE INFORMATION

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Employee Name: _____ Title: _____

Membership Type: _____ Member Rate: _____

Residential Address: _____

Phone: _____ Email: _____

Submit the completed form via email to naadac@naadac.org, fax to 703.741.7698, or mail to NAADAC, the Association for Addiction Professionals, 44 Canal Center Plaza, Suite 301, Alexandria, VA 22314.

* Active military personnel have the option of choosing to join a state affiliate at the state affiliate's rate.