



# 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](mailto: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.

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## ORGANIZATIONAL MEMBER EMPLOYEE DISCOUNTED DUES

	Prof.	Assoc.	PRSS
<b>National + State Affiliate Dues</b>			
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: \_\_\_\_\_

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