

CAADE Registration/Membership Application/Renewal

Complete and mail this application with a certified cashiers check or money order or (PAYPAL proof of payment) payable to CAADE to:

CAADE -- P.O. Box 7297 -- Ventura, CA 93006

(DO NOT SEND CASH—attach Paypal payment verification, check or money order)

Please check only the ONE statement that applies:

- Yes It is my intention to be a Registered Member for the purpose of becoming certified with CAADE as a Certified Addictions Treatment Counselor (C.A.T.C.) in compliance with Title 9, Division 4, Chapter §13035(f) of the California Code of Regulations for Alcohol and Drug Counselor Certification. Registration/Membership requires annual renewal.
- Yes I have C.A.T.C. certification and need to renew CAADE Certified Membership: Cert. No.: _____ Expiration Date: _____
- Yes, it is my desire to become a CAADE Member or renew my membership only. **I do not plan on becoming certified as a C.A.T.C.** Membership requires annual renewal.

Name: _____

Address _____
(with City, State and Zip)

Phone: _____ Email: _____

Alcohol/Drug Studies Program College of Attendance: _____

Select one of the following:

_____ Individual Membership \$78.00
(CATC's and CATC-Interns)

_____ Student Membership \$30.00
Informal transcript required to get this price
(Only students currently enrolled in ADS Certificate courses in a CAADE approved program)

INSTITUTIONAL MEMBERSHIPS – Includes membership cards for each member and a certificate of membership for Institution. Include an application for each membership.

_____ 1- 5 individuals \$200.00 _____ 6-10 individuals \$350.00

_____ 11-20 individuals \$600.00 _____ 21-30 individuals \$800.00

All Registrants, Members, and C.A.T.C.'s are bound by our Code of Ethics and Scope of Practice. Both are available on our website at www.caade.org, or you can request them by mail or email: caadecentraloffice@yahoo.com.

****I have read and agree to abide by the CAADE Code of Ethics/Scope of Practice. It is my understanding that I am to uphold all 11 principles in my work and in all contact with clients/patients, either employed or volunteering, and by signing this application, I agree to abide by these ethical standards. I understand that my Registration/Membership and Certification can be revoked if I violate any of these ethical standards.*

Signature of applicant

date signed