California Association for Alcohol/Drug Educators
5230 Clark Ave., Suite 1
Lakewood, CA 90712
Email: office@caade.org • Phone: (707) 722-2331 • Fax: (562) 275-3494

Individual Membership Application

Full Name: _____
First Middle Last

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

Last 4 Digits of SSN: _____ / _____ / _____ / _____ (For identification purposes only)

Individual Membership is **$45**, and is valid for one year. If you would like to by credit card or PayPal online, you can do so at caade.org. Please include a copy of your receipt with this application. If not, please include a check or money order payable to CAADE (no cash) with your application.

- ☐ All Registrants, Members, and CATCs are bound by our Code of Ethics, Uniform Code of Conduct, and Scope of Practice.
- ☐ CAADE Membership must be kept current in order to qualify for the member rate when renewing CATC certification. If membership is not current when the CATC Renewal application is submitted, the applicant must pay the non-member rate of $500.

Please submit the following:

- ☐ **Code of Ethics** – Initial, Signed and Dated
- ☐ **Scope of Practice** – Signed and Dated
- ☐ **Code of Conduct** – Signed and Dated
- ☐ **Proof of payment**

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

_____ _____
Signature Date

Please Do Not Write Below This Line – Office Use Only