



California Association for Alcohol/Drug Educators
5230 Clark Avenue, Suite 3, Lakewood, CA 90712
Phone: 707-7-Caade-1 (707-722-2331) Email: office@caade.org

CAADE PRESIDENT'S COUNCIL
(Platinum, Gold, Silver, Bronze Level Donors)

The California Association for Alcohol/Drug Educators serves colleges, universities, students, educators, certified substance abuse counselors, licensed therapists and the entire substance abuse treatment industry across several states. Our membership is approximately 12,000+ individuals and organizations. Our website boasts upward of 20,000 hits per month and our quarterly "green" newsletter now reaches upward of 25,000 people per year. CAADE's annual conference is attended by 500+ individuals and organizations where honored presenters include local, state, and national leaders in the field of substance abuse intervention, treatment and recovery.

The CAADE Certified Addictions Treatment Counselor credential (CATC) is accredited by The National Commission for Certifying Agencies (NCCA), is recognized by the California Department of Health Care Services and represents the highest level of education and training available to addiction counselors in the state of California.

CAADE PRESIDENT'S COUNCIL DONOR LEVELS

All donations are tax deductible

CAADE is a 501(C)3 non-profit organization. Federal Tax ID #77-0045316

Platinum Donor Level: \$25,000/year

Platinum Level Donor Benefits include:

1. An Honorary seat on the CAADE Advisory Board* (pending board approval)
2. Sponsorship of Banquet and President's Luncheon at yearly conference (with 3x5' Display Board and personal introduction at each event)
3. Five (5) registrations for the annual CAADE conference
4. Full page ad in the conference program with acknowledgement as a President's Council Platinum Donor
5. Full page ad in quarterly Chronicles (online and hard copy versions) and ½ page article 1x per year (Contingent on the President's approval prior to publication).
6. Link and Logo of your (facility, treatment center, business, etc.) on the front page of the CAADE web with acknowledgement as a President's Council Platinum Donor
7. Honorable mention and inclusion in CAADE materials provided at all events where CAADE is an exhibitor.
8. One (1) Institutional Membership in CAADE (up to 20 individuals)

Gold Donor Level: \$10,000/year

Gold Level Donor Benefits include:

1. One (1) Exhibit Table at the yearly conference
2. Two (2) registrations for the annual CAADE conference
3. 1/2 page ad in the conference program and acknowledgement as a Gold Level President's Council Donor
4. 1/2 page President's Council ad in the quarterly Chronicles (online and hard copy). Link and Logo of your facility, treatment center, business, etc., on the front page of the CAADE web with acknowledgement as a Gold Level President's Council Donor.
6. Honorable mention and inclusion in CAADE materials provided at all events where CAADE is an exhibitor.
7. One (1) Institutional Membership in CAADE (up to 15 individuals)



California Association for Alcohol/Drug Educators
5230 Clark Avenue, Suite 3, Lakewood, CA 90712
Phone: 707-7-Caade-1 (707-722-2331) Email: office@caade.org

Silver Donor Level: \$5000/year

Silver Level Donor Benefits include:

1. One (1) Exhibit Table at the yearly conference
2. One (1) registration for the annual CAADE conference
3. 1/4 page ad in the conference program and acknowledgement as a Silver Level President's Council Donor
4. 1/4 page ad in the CAADE Chronicles with acknowledgement as a Silver President's Council Donor quarterly (online and hard copy)
5. Link and Logo of your facility, treatment center, business, etc. on the front page of the CAADE web with acknowledgement as a Silver Level President's Council Donor
6. Honorable mention and inclusion in CAADE materials provided at all events where CAADE is an exhibitor.
7. One (1) Institutional CAADE Memberships per year (up to 10 individuals)

Bronze Donor Level: \$2500/year

Bronze Level Donor Benefits include:

1. 1/4 page ad in the conference program and acknowledgement as a Bronze Level President's Council Donor
2. One (1) Registration for the CAADE Conference
3. Logo and listing as a Bronze Level President's Council Donor in the CAADE Chronicles, quarterly (online and hard copy)
4. Link and Logo of your facility, treatment center, business, etc. on the front page of the CAADE web with acknowledgement as a Bronze Level President's Council Donor
5. Honorable mention and inclusion in CAADE materials provided at all events where CAADE is an exhibitor.
6. One (1) Institutional CAADE Memberships per year (up to 5 individuals)

All President's Council Donors will receive a President's Council Donor plaque for their office

President's Council Donations are payable online via Paypal Donation Link on the CAADE website at (www.caade.org) or by check or money order payable to CAADE. Please complete the attached application and send with membership applications.

**(Pending Board Approval).* An Honorary seat on the CAADE Advisory Board is a non-voting position. The member is welcome to attend all quarterly board meetings, will be provided with a 15-minute forum at each meeting for discussing the individual's organization or other topics of interest with prior approval from the President of CAADE, or his/her representative. As an Advisory Board member, this position is not included in the total board of directors count listed in the bylaws, is not a member of the Executive Committee or any other committee established by the CAADE Board of Directors, and may not be present at closed executive sessions unless so approved by a majority vote of the directors present at the time of the meeting.



CAADE President's Council Application/Renewal

Complete and mail this application and individual membership applications with a check, credit card payment (see next page), or Paypal proof of payment to:

CAADE President's Council

5230 Clark Avenue, Suite 3, Lakewood, CA 90712 or
email to office@caade.org or fax to 562-275-3494

Organization Name: _____

Address _____
(with City, State and Zip)

Phone: _____ Email: _____

Name of President/CEO (include degrees, titles, credentials): _____

Please check only the ONE statement that applies:

- Platinum President's Council Member/Donor (includes 1 Institutional Membership in CAADE 1-20 level)
- Gold President's Council Member/Donor (includes 1 Institutional Membership in CAADE 1-15 level)
- Silver President's Council Member/Donor (includes 1 Institutional Membership in CAADE 1-10 level)
- Bronze President's Council Member/Donor (includes 1 Institutional Membership in CAADE 1-5 level)

INSTITUTIONAL MEMBERSHIPS – Includes membership cards for each member and a certificate of membership for the organization. Please include a signed application for each member.

Bronze _____ 1- 5 Silver _____ 6-10 Gold _____ 11-15 Platinum _____ 16-20

All Registrants, Members, and CATCs 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 email from office@caade.org.

****I have read and agree to abide by the CAADE Code of Ethics/Scope of Practice (go to website at www.Caade.org for these forms). 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

CAADE President's Council Application/Renewal

Complete and mail this application with a check, credit card payment or proof of Paypal payment along with individual membership applications as needed to

CAADE President's Council:
5230 Clark Avenue, Suite 3, Lakewood, CA 90712
or email forms and proof of payment to **office@caade.org**

Agency: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

You are invited to make your donation via CAADE's Paypal donation button at www.caade.org. Paypal allows you to pay using your Paypal account or you may choose the credit card option. If you choose this payment option please save and submit your payment confirmation with this form.



Please contact the CAADE office for instructions about accessing your **CAADE Conference** registration and sponsorship gifts and for ads or logo specs for the **CAADE Chronicles**.

Payment Enclosed: \$ _____

PAY BY CREDIT CARD

Amount: \$ _____ Credit Card type: _____ Discover _____ Mastercard _____ Visa

Credit Card # _____

Expiration Date _____ Security Code (3 or 4-digit) _____

Name on Card _____

Signature of card holder _____

Zip Code _____ Phone # _____



California Association for Alcohol/Drug Educators
 5230 Clark Avenue, Suite 3, Lakewood, CA 90712
 Phone: 707-7-Caade-1 (707-722-2331) Email: office@caade.org

Each individual must complete a separate form

Please check ONE statement that applies:

_____ It is my intention to be registered for the purpose of becoming certified with CAADE as a Certified Addictions Treatment Counselor (CATC) in compliance with Title 9, Division 4, Chapter §13035(f) of the California Code of Regulations for Alcohol and Drug Counselor Certification.

IMPORTANT NOTE: *The Addiction Counselor Certification Regulations REQUIRE you to become certified within **FIVE [5] YEARS** from the first date you register with any approved certifying organization in California. You may request a two-year extension for hardship or extenuating circumstances. You may not be “registered” once you have passed the five-year limit.*

_____ I am a CATC and need to renew my CAADE Membership.
 CATC# _____ Date of Expiration: _____

_____ It is my desire to become a CAADE member, but I do not plan on becoming certified as a CATC.

Full Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

I have read and agree to abide by the CAADE Code of Ethics/Code of Conduct/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 or Membership and Certification can be revoked if I violate any of these ethical standards.

 Signature of Applicant

 Date Signed



California Association for Alcohol/Drug Educators
5230 Clark Avenue, Suite 3, Lakewood, CA 90712
Phone: 707-7-Caade-1 (707-722-2331) Email: office@caade.org

Each individual must complete a separate form

Please check ONE statement that applies:

_____ It is my intention to be registered for the purpose of becoming certified with CAADE as a Certified Addictions Treatment Counselor (CATC) in compliance with Title 9, Division 4, Chapter §13035(f) of the California Code of Regulations for Alcohol and Drug Counselor Certification.

IMPORTANT NOTE: *The Addiction Counselor Certification Regulations REQUIRE you to become certified within **FIVE [5] YEARS** from the first date you register with any approved certifying organization in California. You may request a two-year extension for hardship or extenuating circumstances. You may not be “registered” once you have passed the five-year limit.*

_____ I am a CATC and need to renew my CAADE Membership.

CATC# _____ Date of Expiration: _____

_____ It is my desire to become a CAADE member, but I do not plan on becoming certified as a CATC.

Full Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

I have read and agree to abide by the CAADE Code of Ethics/Code of Conduct/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 or Membership and Certification can be revoked if I violate any of these ethical standards.

Signature of Applicant

Date Signed



California Association for Alcohol/Drug Educators
5230 Clark Avenue, Suite 3, Lakewood, CA 90712
Phone: 707-7-Caade-1 (707-722-2331) Email: office@caade.org

Each individual must complete a separate form

Please check ONE statement that applies:

_____ It is my intention to be registered for the purpose of becoming certified with CAADE as a Certified Addictions Treatment Counselor (CATC) in compliance with Title 9, Division 4, Chapter §13035(f) of the California Code of Regulations for Alcohol and Drug Counselor Certification.

IMPORTANT NOTE: The Addiction Counselor Certification Regulations REQUIRE you to become certified within **FIVE [5] YEARS** from the first date you register with any approved certifying organization in California. You may request a two-year extension for hardship or extenuating circumstances. You may not be “registered” once you have passed the five-year limit.

_____ I am a CATC and need to renew my CAADE Membership.

CATC# _____ Date of Expiration: _____

_____ It is my desire to become a CAADE member, but I do not plan on becoming certified as a CATC.

Full Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

I have read and agree to abide by the CAADE Code of Ethics/Code of Conduct/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 or Membership and Certification can be revoked if I violate any of these ethical standards.

Signature of Applicant

Date Signed



California Association for Alcohol/Drug Educators
 5230 Clark Avenue, Suite 3, Lakewood, CA 90712
 Phone: 707-7-Caade-1 (707-722-2331) Email: office@caade.org

Each individual must complete a separate form

Please check ONE statement that applies:

_____ It is my intention to be registered for the purpose of becoming certified with CAADE as a Certified Addictions Treatment Counselor (CATC) in compliance with Title 9, Division 4, Chapter §13035(f) of the California Code of Regulations for Alcohol and Drug Counselor Certification.

IMPORTANT NOTE: *The Addiction Counselor Certification Regulations REQUIRE you to become certified within **FIVE [5] YEARS** from the first date you register with any approved certifying organization in California. You may request a two-year extension for hardship or extenuating circumstances. You may not be “registered” once you have passed the five-year limit.*

_____ I am a CATC and need to renew my CAADE Membership.

CATC# _____ Date of Expiration: _____

_____ It is my desire to become a CAADE member, but I do not plan on becoming certified as a CATC.

Full Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

I have read and agree to abide by the CAADE Code of Ethics/Code of Conduct/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 or Membership and Certification can be revoked if I violate any of these ethical standards.

 Signature of Applicant

 Date Signed



California Association for Alcohol/Drug Educators
 5230 Clark Avenue, Suite 3, Lakewood, CA 90712
 Phone: 707-7-Caade-1 (707-722-2331) Email: office@caade.org

Each individual must complete a separate form

Please check ONE statement that applies:

_____ It is my intention to be registered for the purpose of becoming certified with CAADE as a Certified Addictions Treatment Counselor (CATC) in compliance with Title 9, Division 4, Chapter §13035(f) of the California Code of Regulations for Alcohol and Drug Counselor Certification.

IMPORTANT NOTE: *The Addiction Counselor Certification Regulations REQUIRE you to become certified within **FIVE [5] YEARS** from the first date you register with any approved certifying organization in California. You may request a two-year extension for hardship or extenuating circumstances. You may not be “registered” once you have passed the five-year limit.*

_____ I am a CATC and need to renew my CAADE Membership.

CATC# _____ Date of Expiration: _____

_____ It is my desire to become a CAADE member, but I do not plan on becoming certified as a CATC.

Full Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

I have read and agree to abide by the CAADE Code of Ethics/Code of Conduct/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 or Membership and Certification can be revoked if I violate any of these ethical standards.

 Signature of Applicant

 Date Signed