



California Association for Alcohol/Drug Educators

5230 Clark Ave. #3, Lakewood, CA 90712
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Email: office@caade.org



CAADE Individual Membership Application

*(If you are a student registrant or a CATC-i [intern] please do **not** use this form to register or to renew your registration)*

Please check only ONE statement below:

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

CATC# _____ Date of Expiration: _____

It is my desire to be a CAADE member and I do NOT plan on becoming certified as a CATC.

Full Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Individual Membership is **\$90**, and is valid for one year. If you paid by credit card or PayPal online at www.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.

CAADE – 5230 Clark Ave. #3 – Lakewood, CA 90712

All Registrants, Members, and CATCs are bound by our Code of Ethics, Code of Conduct, and Scope of Practice. These are available online at www.caade.org, or can be emailed or mailed upon request sent to office@caade.org.

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/or certification can be revoked if I violate any of these ethical standards.

Signature of Applicant

Date Signed