

# California Association for Alcohol/Drug Educators (CAADE)



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## Individual Membership/Registration

Please check ONE statement that applies:

\_\_\_\_\_ It is my intention to be a Registered Member 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.

\_\_\_\_\_ I am a CATC and need to renew my CAADE Membership/Registration.

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: \_\_\_\_\_

Individual Membership/Registration is **\$78**, and is valid for one year. If you paid by credit card or PayPal online at [www.caade.org](http://www.caade.org), please include a copy of your receipt with this application. If not, please include a check or money order (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](http://www.caade.org), or can be emailed or mailed upon request sent to [office@caade.org](mailto: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/Membership and Certification can be revoked if I violate any of these ethical standards.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed