

**California Association for Alcohol/Drug Educators (CAADE)**



5230 Clark Ave. #3, Lakewood, CA 90712  
Phone: 707-722-2331 • Fax: 562-866-2540  
Email: [office@caade.org](mailto:office@caade.org)



**California Association for Alcohol/Drug Educators (CAADE)**

**Institutional or Organizational Membership/Registration**

CAADE offers a group Membership/Registration rate to Institutions and Organizations. This includes but is not limited to: Colleges, Universities, Treatment Centers, and Alcohol & Other Drugs Facilities.

Institutional Memberships include a Membership/Registration card for each individual and a *Certificate of Membership* for your Institution or Organization.

If you pay by credit card or PayPal online at [www.caade.org](http://www.caade.org), please include a copy of your receipt. If you choose to pay by check or money order (no cash), payable to CAADE, please include with this application and mail to:

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

\_\_\_ 1-5 Individuals \$200

\_\_\_ 6-10 Individuals \$400

\_\_\_ 11-20 Individuals \$600

\_\_\_ 21-30 Individuals \$800

Name of Institution or Organization: \_\_\_\_\_

Full Name of each person receiving Membership/Registration:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: Be sure each person has included his/her contact information and has signed the agreement to abide by the CAADE Code of Ethics/Code of Conduct/Scope of Practice.

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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

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Address: \_\_\_\_\_

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