



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)  
Addiction Counselor Certification Board of California*

## Institutional/Organizational Membership

CAADE offers a group Membership 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 or Registration card for each individual and a *Certificate of Membership* for your Institution or Organization as well as a link on [caade.org](http://caade.org). Each individual to be included must complete a separate form (forms attached).

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 \$300                      \_\_\_ 6-10 Individuals \$500

\_\_\_ 11-20 Individuals \$700                      \_\_\_ 21-30 Individuals \$900

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

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

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Full Name of each person receiving Membership or Registration (include additional pages if needed):

_____	_____
_____	_____
_____	_____
_____	_____

Note: Be sure each individual has included his/her membership or registration information (forms attached) and has signed the agreement to abide by the CAADE Code of Ethics/Code of Conduct/Scope of Practice.

**IMPORTANT NOTE FOR REGISTRANTS:** 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.



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



**Each individual must complete a separate form**

**Please check ONE statement below that applies to you:**

\_\_\_\_\_ 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.

*\*Registration is open to individuals who **have** completed, or are enrolled in, a CAADE accredited Alcohol/Drug Studies Program and have NOT yet passed the CATC exam.*

**\*Please attach proof of education or enrollment in a CAADE accredited program.**

**\*If you are registering but are NOT in school, you must attach proof of completion of 9 hours of Laws and Ethics before your registration can be processed.**

Have you ever been registered with another certifying organization in California?      No      Yes  
If Yes, name of organization: \_\_\_\_\_ Date registered: \_\_\_\_\_  
(CAADAC, Breining, CAARR, CADTP, AAHCP, CCAPP)

\_\_\_\_\_ 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: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ DOB: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
(For Identification Purposes Only)      M M D D Y Y

CAADE College of Attendance: \_\_\_\_\_

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



**Each individual must complete a separate form**

**Please check ONE statement below that applies to you:**

\_\_\_\_\_ 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.

*\*Registration is open to individuals who **have** completed, or are enrolled in, a CAADE accredited Alcohol/Drug Studies Program and have NOT yet passed the CATC exam.*

**\*Please attach proof of education or enrollment in a CAADE accredited program.**

**\*If you are registering but are NOT in school, you must attach proof of completion of 9 hours of Laws and Ethics before your registration can be processed.**

Have you ever been registered with another certifying organization in California?      No      Yes  
If Yes, name of organization: \_\_\_\_\_ Date registered: \_\_\_\_\_  
(CAADAC, Breining, CAARR, CADTP, AAHCP, CCAPP)

\_\_\_\_\_ 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: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ DOB: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
(For Identification Purposes Only)      M M D D Y Y

CAADE College of Attendance: \_\_\_\_\_

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



**Each individual must complete a separate form**

**Please check ONE statement below that applies to you:**

\_\_\_\_\_ 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.

*\*Registration is open to individuals who **have** completed, or are enrolled in, a CAADE accredited Alcohol/Drug Studies Program and have NOT yet passed the CATC exam.*

**\*Please attach proof of education or enrollment in a CAADE accredited program.**

**\*If you are registering but are NOT in school, you must attach proof of completion of 9 hours of Laws and Ethics before your registration can be processed.**

Have you ever been registered with another certifying organization in California?      No      Yes

If Yes, name of organization: \_\_\_\_\_ Date registered: \_\_\_\_\_  
(CAADAC, Breining, CAARR, CADTP, AAHCP, CCAPP)

\_\_\_\_\_ 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: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ DOB: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
(For Identification Purposes Only)      M M D D Y Y

CAADE College of Attendance: \_\_\_\_\_

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



**Each individual must complete a separate form**

**Please check ONE statement below that applies to you:**

\_\_\_\_\_ 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.

*\*Registration is open to individuals who **have** completed, or are enrolled in, a CAADE accredited Alcohol/Drug Studies Program and have NOT yet passed the CATC exam.*

**\*Please attach proof of education or enrollment in a CAADE accredited program.**

**\*If you are registering but are NOT in school, you must attach proof of completion of 9 hours of Laws and Ethics before your registration can be processed.**

Have you ever been registered with another certifying organization in California?      No      Yes

If Yes, name of organization: \_\_\_\_\_ Date registered: \_\_\_\_\_  
(CAADAC, Breining, CAARR, CADTP, AAHCP, CCAPP)

\_\_\_\_\_ 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: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ DOB: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
(For Identification Purposes Only)      M M D D Y Y

CAADE College of Attendance: \_\_\_\_\_

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



**Each individual must complete a separate form**

**Please check ONE statement below that applies to you:**

\_\_\_\_\_ 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.

*\*Registration is open to individuals who **have** completed, or are enrolled in, a CAADE accredited Alcohol/Drug Studies Program and have NOT yet passed the CATC exam.*

**\*Please attach proof of education or enrollment in a CAADE accredited program.**

**\*If you are registering but are NOT in school, you must attach proof of completion of 9 hours of Laws and Ethics before your registration can be processed.**

Have you ever been registered with another certifying organization in California?      No      Yes  
If Yes, name of organization: \_\_\_\_\_ Date registered: \_\_\_\_\_  
(CAADAC, Breining, CAARR, CADTP, AAHCP, CCAPP)

\_\_\_\_\_ 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: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ DOB: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
(For Identification Purposes Only)      M M D D Y Y

CAADE College of Attendance: \_\_\_\_\_

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