



# California Association of Drug Court Professionals

January 1 – December 31, 2008

## INDIVIDUAL MEMBERSHIP APPLICATION

*(See Page 2 for Organizational Membership Application)*

<input type="checkbox"/> <b>Renewal</b>	<input type="checkbox"/> <b>New</b>
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Name _____
Title _____
Organization/Agency _____
Address _____ City _____
State _____ Zip _____
County _____
Phone (_____) _____ Fax (_____) _____
E-mail _____

<b>Which category best describes your involvement in Drug Court?</b>	
Which Category best describes your involvement in Drug Court?	
<input type="checkbox"/> Judicial Officer (01)	<input type="checkbox"/> Law Enforcement (06)
<input type="checkbox"/> Probation/Parole (02)	<input type="checkbox"/> Admin/Planning (07)
<input type="checkbox"/> Treatment (03)	<input type="checkbox"/> General Government (08)
<input type="checkbox"/> Prosecution (04)	<input type="checkbox"/> Elected Official (09)
<input type="checkbox"/> Defense (05)	<input type="checkbox"/> Other: (10) _____

If you wish to serve on a CADCP Committee, what is your particular area of interest? \_\_\_\_\_

Membership dues for the current calendar year are \$25.00  
Checks payable to **CADCP** should be sent to:  
**CADCP, P.O. Box 1089, San Leandro CA 94577-0126**

For questions call Deborah M. Cima, Membership Chair

Tel: (909) 387-8575

E-mail: [dcima@courts.sbcounty.gov](mailto:dcima@courts.sbcounty.gov)