



California Association of Drug Court Professionals

January 1 – December 31, 2009

INDIVIDUAL MEMBERSHIP APPLICATION

(See Page 2 for Organizational Membership Application)

Renewal **New**

Name _____

Title _____

Organization/Agency _____

Address _____

City _____ State _____ Zip _____

County _____

Phone (_____) _____ Fax (_____) _____

E-Mail _____

Which category best describes your involvement in Drug Court?

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 1055, San Leandro CA 94577-0121

For questions call Deborah M. Cima, Membership Chair
 Tel: (909) 386-8575
 E-mail: dcima@courts.sbcounty.gov

January 1 – December 31, 2009
ORGANIZATIONAL MEMBERSHIP APPLICATION
(See Reverse for Individual Membership Application)
 _____ **Renewal** _____ **New**

Organizational Name _____ County _____
 Address _____ City/St/Zip _____

Please list up to **seven** individuals included in the Organizational Membership. Also, indicate one category code (see over for listing).

1. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

2. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

3. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

4. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

5. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

6. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

7. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

If any member wishes to serve on a **CADCP Committee**, please list below:

Name _____ Area of Interest _____

Name _____ Area of Interest _____

Organizational Membership dues for the current calendar year are \$150.00
Please make check payable to CADCP and remit to:
CADCP, P.O. Box 1055, San Leandro, CA 94577-0121