



# California Association of Drug Court Professionals

January 1 – December 31, 2008

## ORGANIZATIONAL MEMBERSHIP APPLICATION

(See Page 1 for Individual Membership Application)

\_\_\_ Renewal                      \_\_\_ New

Organizational Name _____ County _____
Address _____

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

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**1. Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cat.Code \_\_\_\_\_

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**2. . Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cat.Code \_\_\_\_\_

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**3. Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cat.Code \_\_\_\_\_

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**4. . Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cat.Code \_\_\_\_\_

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**5. . Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cat.Code \_\_\_\_\_

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**6. . Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cat.Code \_\_\_\_\_

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**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 1089, San Leandro, CA 94577-0126**