



South Carolina Association for Alcoholism and Other Drug Abuse Counselors

Organizational Membership Application

Organization Name

Primary Contact

Organization Address

City/State/ZIP

Primary Contact Phone

Primary Contact Fax

Primary Contact E-Mail

Demographic Information

- In-Patient/Hospital Facility
- In-Patient Treatment Center/Residential Facility
- Out-Patient Treatment Center/Clinic Facility
- Vendor/Supplier
- Manufacturer Representative

Payment Information

Annual Organizational Membership Dues: \$250

- Check made payable to "SCAADAC" is enclosed
- Purchase Order Enclosed # _____
- Please Send Invoice

Primary Contact Signature

Date

Delivery of Benefits/Web Site Submission Formats

Please indicate how you would like to receive the following benefits. Also, please note the following format requirements for submitting information for posting on SCAADAC's Web Site:

1. Quarterly Reports on Certified and In-Process Counselors

- E-Mail
- Fax
- U.S. Mail

2. Web Postings on SCAADAC's Web Site of Your Organization's Upcoming Education Events Should be Submitted via E-Mail or as a Plain Text/ASCII file. Call the SCAADAC Office at (803) 779-0343 for additional information or visit www.scaadac.org for e-mail contact information.

3. Web Postings on SCAADAC's Web Site Announcing Your Organization's Treatment Center Job Openings Should be Submitted via E-Mail or as a Plain Text/ASCII file. Call the SCAADAC Office at (803) 779-0343 for additional information or visit www.scaadac.org for e-mail contact information.

4. Please Include With This Application a List of all Your Organization's Treatment Center Counselors. This will allow SCAADAC to properly code your counselors' records so that their certification status is included in your quarterly certification reports.

5. On Reverse Side, Please Provide Names, Addresses and E-mail Addresses for Non-Staff Members of Your Organization's Board of Directors. Non-staff members of your organization's Board of Directors will receive *Honorary Membership* in SCAADAC, as a benefit of SCAADAC Organizational Membership. Honorary Members received all SCAADAC member mailings, newsletters and a SCAADAC Membership Card.

**Mail/Fax Completed Application,
Payment or Purchase Order to
SCAADAC
1215 Anthony Avenue
Columbia, SC 29201
(803) 779-0343 • (803) 254-3773 (fax)
www.scaadac.org**