





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 are Based Upon Annual Operating Budgets:**

- Large Organization (Over \$2 mil): \$250
- Mid-Size Organization (\$1-\$2 mil): \$200
- Small Organization (Below \$1 mil): \$150
- 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](http://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](http://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.

**6. Employees of Organizational Members Receive a 25% Discount on Registration Fees for SCAADAC Trainings, if the employee is not already a NAADAC/SCAADAC Member.**

**7. One Complimentary Registration to the SCAADAC Fall Conference.**

**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](http://www.scaadac.org)**