



California Association of Drug Court Professionals

www.cadcp.org

January 1 – December 31, 2012

ORGANIZATION Membership Application

Membership dues for the current calendar year are \$150.00

_____ **Renewal** _____ **New**

Name	Phone # including area code	E-Mail Address	Title/Profession/Position
1.			
2.			
3.			
4.			
5.			
6.			
7.			

CADCP Committees: Please indicate if members of your organization wish to serve on a CADCP Committee, what the interest is.

COMMITTEE	Name	COMMITTEE	Name
<input type="checkbox"/> Board of Directors		<input type="checkbox"/> Fund raising	
<input type="checkbox"/> Communications		<input type="checkbox"/> Legislation & Legal Issues	
<input type="checkbox"/> Education & Training		<input type="checkbox"/> Membership	
<input type="checkbox"/> Finance & Audit			

For questions contact Doris Santiago, Membership Chair santiago@schat.com

Checks payable for the amount of \$150 should be sent to: CADCP P.O. Box 1055, San Leandro CA 94577-0121
