



MAIL: 1731 Howe Ave, PMB #352, Sacramento, CA 95825-2209 • PHONE: (800) 464-3597

ORGANIZATIONAL MEMBERSHIP APPLICATION

(1/02)

CRITERIA: Any agency or organization which operates a state-licensed driving-under-the-influence (1st and/or multiple offender) education and counseling program in the State of California is eligible to apply for Organizational Membership in the California Association of Driving-under-the-influence Treatment Programs (CADDTP). Any agency or organization that has more than one DUI program (licensed or satellite) must enroll all of its programs.

MEMBERSHIP PRIVILEGES: Organizational Members receive news, correspondence, and notices from CADDTP; are invited to attend all CADDTP functions and meetings; will be eligible to participate in CADDTP membership benefit programs, including group insurance and fringe benefit plans; and the designated representative of the organization may vote for, and hold office on, the CADDTP Board of Directors.

DUES: The authorized dues structure for Organizational Members is based on the number of new admissions to the agency's driving-under-the-influence program(s) each calendar quarter. The method for calculating the enrollment dues is on the reverse side.

NOTE: CADDTP reserves the right to reject incomplete or false applications and to request additional information in reviewing a specific application.

----- APPLICATION -----

INSTRUCTIONS: Complete (print or type please) the following and forward it with your check for the enrollment dues amount determined by completing the reverse side. Check should be made payable to "CADDTP". After your application is reviewed and approved, your designated representative will receive your agency's membership certificate, as well as future correspondence, invitations and other information.

Agency/OrgName: _____

Business Address: _____

DUI Program Name(s) & Location(s) if different: _____

Designated Individual Representative: _____ Position: _____

Work Phone: _____ Work Fax: _____ E-Mail: _____

OTHER INFORMATION: Please check those areas you wish to receive further information about:

_____ Group Health and Dental Insurance _____ DUI Program Staff Certifying Process

_____ Other (please specify): _____

(over)

