



Membership Levels: Organizations & Businesses - \$1,500 p/yr
Professionals - \$75 p/yr
Individuals & Families - \$25 p/yr

NCADD Sacramento Membership Sign-Up Form

Member Name _____
Name of Individual or Family/Professional/Organization or Business

Contact/Affiliation _____
If joining as a business or organization, name of contact person -- If an individual or professional, optional business or organization affiliation

Email _____

Phone(s) _____

Mailing Address _____

Website _____

Membership Type (please check one) Date Joined: _____

- Organization or Business
- Professional
- Individual or Family

Payment Method (please check one)

- Pay Online (www.ncaddsac.org/ncadd-sac-membership)
- Pay by Check - Made payable to: NCADD Sacramento
and mailed to: 2143 Hurley Way, Ste.130, Sacramento, CA 95825

Additional information to help us provide useful services to our members - your response is optional:

Please rank the following AOD categories in order of importance to you: 1 = Most Important

- _____ Education
- _____ Prevention
- _____ Treatment
- _____ Advocacy

What would you like to gain from your NCADD Sacramento membership?

Please let us know if you have an interest in volunteering Yes No

If yes, please tell us about your skills, strengths and experiences that would benefit our programs. You may also use this space to make general comments and suggestions. **Thank you!**
