

FADAA ASSOCIATE AGENCY MEMBERSHIP APPLICATION

Organizations concerned with alcohol and drug abuse issues, but not licensed to provide direct alcohol and drug abuse services.

Name of Organization _____

Contact Person _____ Title _____

Address _____

Phone _____ Fax _____

Email _____ Website _____

Submit this form with a brief description of your agency/company (e.g. brochure) and a check for your dues (\$275) to:

**FADAA
Attn: Carol Hyden
2868 Mahan Dr., Suite 1
Tallahassee, FL 32308**

Please feel free to call if you have any questions: 850-878-2196