

**Corporate Partner**

Any organization, in good standing with FADAA, not licensed to provide direct treatment, intervention or prevention services. This category is designed for companies that provide services/products to individuals and agencies working in the field of substance abuse. Corporate partners shall be eligible for agency member discounts and will be listed in all materials which acknowledge agency membership. The corporate partner does not have a position on the Board of Directors and is a nonvoting category of membership.

**Primary Contact**

The primary contact is a decision-maker and shall receive all membership communications including information requests and renewal invoices.

Prefix	First Name	Preferred First Name	Middle Initial
Last Name		Suffix	
Professional Certifications/Degrees		Staff Title/Position	
Mailing Address			
City	State/Province	Country	Zip
Direct Phone Number	Extension	Cell Phone Number	Fax Number
Email			

**Online Membership Listing**

Complete your company information as it should appear in FADAA's online directories.

Company Name	AKA		
Physical Address			
City	State/Province	Country	Zip
County	Company Main Phone Number	Company Fax Number	
Company Website	Company Email		

**Additional Required Information**

Entity:  Non-Profit       For-Profit

A brochure which best describes my agency and the services it provides is attached.

Briefly list the key services provided by your agency: \_\_\_\_\_

## **Membership Dues**

Platinum

Gold

Annual Dues: \$15,000

Annual Dues: \$7,500

## **Payment Information**

I've enclosed a check payable to FADAA. Amount: \$ \_\_\_\_\_

Please remit your membership investment to: **Florida Alcohol and Drug Abuse Association**, 2868 Mahan Drive, Suite 1, Tallahassee, FL 32308

### **Questions?**

Contact: Rebecca Roberts, Director of Membership & Marketing, (850) 878-2196 | rroberts@fadaa.org

Carol Hyden, Executive Assistant, (850) 878-2196 | chyden@fadaa.org

## Key Company Contacts

\_\_\_\_\_  
**Company Name**

Please provide information for the following key company contacts. Additional staff may be noted on a separate document and attached to this form.

**Executive Assistant**

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Professional Certifications/Degrees \_\_\_\_\_ Staff Title/Position \_\_\_\_\_

Direct Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**Secondary Contact (e.g., Assistant Director)**

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Professional Certifications/Degrees \_\_\_\_\_ Staff Title/Position \_\_\_\_\_

Direct Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**Fiscal/Chief Financial Officer**

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Professional Certifications/Degrees \_\_\_\_\_ Staff Title/Position \_\_\_\_\_

Direct Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**Human Resource Officer**

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Professional Certifications/Degrees \_\_\_\_\_ Staff Title/Position \_\_\_\_\_

Direct Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**Marketing/Business Development Director**

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Professional Certifications/Degrees \_\_\_\_\_ Staff Title/Position \_\_\_\_\_

Direct Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Submit this form to: **Florida Alcohol and Drug Abuse Association**, 2868 Mahan Drive, Suite 1, Tallahassee, FL 32308  
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