



APPLICATION FOR
ASSOCIATE AGENCY MEMBERSHIP

Organizations concerned with alcohol and drug abuse issues, but not licensed
(by the State of Florida) to provide direct alcohol and drug abuse services.

Name of Organization _____

Contact Person _____ Title _____

Address _____

Phone _____ Fax _____

E-Mail _____ 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: 870-878-2196