



APPLICATION FOR FADAA FULL AGENCY MEMBERSHIP

Any agency licensed by the State of Florida as a hospital or a provider of alcohol or drug abuse prevention, education, intervention and treatment services.

Name of Organization _____

Contact Person _____ Title _____

Address _____

Phone _____ Fax _____

E-Mail _____ Website _____

Full Agency Member Dues are figured on the following formula:

$$\text{Dues formula: } \$ \frac{\text{Alcohol \& Drug Operating Budget}}{\text{Alcohol \& Drug Operating Budget}} * X .0035 = \$ \frac{\text{Dues Owed}}{\text{Dues Owed}} **$$

Alcohol & Drug Operating Budget (.35%) Dues Owed

*Association dues are to be calculated on your agency budget for alcohol and other drug treatment, intervention and prevention services from all sources. See attached Dues Verification Form.

**Minimum: \$500, Maximum: \$15,000

Please designate an Agency Representative: _____

Definition of Agency Representative: The agency representative sits on the FADAA Board of Directors and is generally the Chief Executive Officer (or the equivalent position) or a member of the agency senior management staff with an understanding of the broad policy issues impacting our field. The agency representative also serves as FADAA's key contact to the agency. Board of Directors designees will serve for a term of at least one year unless the designee is no longer employed by the agency. At that time the Association board position will pass to the new Chief Executive Officer or other qualified designee.

Submit this form with 1) a brief description of your agency/company (e.g. brochure), 2) signed Dues Verification Form, 3) a copy of your license(s) and 4) a check for your dues 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

FADAA DUES VERIFICATION FORM

This is to verify that the dues amount of \$_____ submitted to FADAA by _____ (agency name) is based on our agency's entire budget for substance abuse and co-occurring and prevention services, including:

- DCF state general revenue and trust fund funding
- Federal block grant funding
- Federal direct grants and contracts
- Medicaid
- TANF
- CBC contract revenue
- Third party reimbursement
- DOC state and federal funding for substance abuse services
- Byrne Grant funding
- County/City funding
- United Way funding
- Client fees
- Fundraising revenue
- Contributions

Executive Director

Date