



APPLICATION FOR
VENDOR AGENCY MEMBERSHIP

Organizations providing services/products to individuals and programs working in the substance abuse field.

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