Membership Pledge Form
* Membership runs from July 1st through June 30th

Membership shall be open to individuals or entities with an interest in addiction, co-occurring, prevention or recovery support services and is subject to payment of membership dues.

* Membership levels are based on the annual dues of the prospective agency
* these are suggested minimum membership pledges, you are encouraged to pledge more if possible.

Individual Memberships
☐ Student/Retiree/CPRS/Coalition Membership $35
☐ Standard Individual Membership $75
☐ Drug Court Membership $ (Donate what you can)

Organizational Memberships
☐ Revenue less than $100,000 $500
☐ Revenue less than $500,000 $1000
☐ Revenue less than $1,000,000 $1,500
☐ Revenue less than $2,000,000 $2,000
☐ Revenue greater than $2,000,000 $2,500

Please Check all that apply: ☐ non-profit ☐ government contracted ☐ faith based ☐ tax exempt (please include form)

Name or Agency: __________________________________________
Address: __________________________ City: ____________ State: _______ Zip: ______
Phone: ________________ Email: ____________________________
Web Address: ____________________________________________

Official Representative attending meetings: ____________________________
Official Representative email address: ____________________________

Payment Method
(Paper applications are subject to a 5% processing fee, to avoid the fee apply online and use Paypal to check out)
https://www.taadas.org/membership-info/membership-application

☐ I’d like to pay the entire amount now
☐ I’d like to be billed bi-annually on the auto-renew program (July and January)
☐ I’d like to be billed quarterly on the auto-renew program (July, October, January, and April)

☐ Keep my membership from lapsing, send me an invoice when it’s time to renew!
There is no obligation to pay if you change you mind when the time comes

☐ We would like to pledge an additional amount of: ____________ above and beyond the minimum membership cost.

Please make checks payable to TAADAS
Fax. Email or Mail your completed form to the address below

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Office 615.780.5901  •  Fax 615.780.5905