

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
- Standard Individual Membership
- Drug Court Membership

Annual Dues

- \$35
- \$75
- \$ (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 your 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