

2011 Membership Application



VADAP's Common Purpose Statement

VADAP increases access to information, support, treatment and prevention of substance use disorders by networking, learning and sharing among Virginia's alcohol and drug treatment programs. By developing training and advocacy plans which clearly articulate VADAP's role, goals and objectives, VADAP motivates, enhances and creates effective connections and coordinates programming among state organizations, VRI, VSIAS and members.

Building on VADAP's rich history and offering a responsive and well designed package of benefits, we are pushing ahead with an agenda of increasing relevance and value to existing and potential members, resulting in membership and greater participation in VADAP activities.

Name of Agency _____
Please print all information clearly.

Name of Program _____

Address _____

City _____

State _____ Zip-Code _____

VADAP Contact _____

Phone _____ - _____ - _____ Fax _____ - _____ - _____

Contact Email Address _____

Web Address _____

Program Director _____

- Type of Membership Regular (\$150) Small (<5 staff) (\$75) New Member
 Check Enclosed Purchase Order Renewing Member

Make all checks payable to: **VADAP**
 P. O. Box 25014
 Richmond, VA 23260 – 5014

VADAPinfo@gmail.com
<http://www.vadap.org>

Please return this form with your payment. We will send you a VADAP Membership Certificate.



Thank you for becoming a VADAP member!