



## Organizational Membership Application

**Criteria:** Any agency or organization which operates a state-licensed driving under the influence program in the State of California is eligible to apply for Organizational Membership in the California Association of Driving-under the Influence Treatment Programs (CADTP). Any agency or organization that has more than one licensed DUI program (licensed or satellite) must enroll all of its programs.

**Membership Privileges:** Organizational Members, representing approved California State Licensed DUI Programs receive DUI legislative and regulation news and updates from CADTP that may have direct impact on DUIP operations. Organizational members are invited to attend CADTP sponsored functions and receive discounted pricing for these events. Organizational members are eligible for membership benefit programs including, group insurance, and free or group-rate reduced cost access to consultants who are versed on current and proposed legislation, including laws that may affect a DUI business, State Regulations that govern the DUI Programs and employment issues. Organizational Members will be listed on the CADTP website for broad access by potential clients with the option to display their company address, phone number, e-mail, website and logo.

**Dues:** The authorized dues structure for Organizational Members is based on the number of new admissions in the agency’s driving-under-the-influence program(s) each calendar quarter. The method for calculating the dues is on the reverse side of this form.

**Note:** CADTP reserves the right to reject incomplete or false applications and to request additional information in reviewing a specific application.

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### Application

**Instructions:** Complete (print or type) the following and forward it with your check for the full amount determined by completing the calculations on Page 2. After your application has been reviewed and approved, your designated representative will receive your agency’s membership certificate, as well as future correspondence, invitations and other information.

Agency/Org/Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

DUI Program Name(s) & Location(s) if different:

\_\_\_\_\_  
\_\_\_\_\_

Designated Individual Representative: \_\_\_\_\_ Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Other Information: Please check those areas you wish to receive further information about:

\_\_\_\_ Group Health and Dental Insurance      \_\_\_\_ AOD Counselor Certification

Other (please specify) \_\_\_\_\_



## Organizational Membership Application

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### Enrollment Dues Structure and Calculation of Initial Dues

**Organization/Agency:** \_\_\_\_\_

**General:** The California Association of DUI Treatment Programs has an Organizational Member dues structure which is based on the number of total NEW driving-under-the-influence (Wet Reckless, 1st and/or multiple offenders) program enrollees for the quarter preceding CADTP application date and each quarter thereafter.

**Enrollment Dues:** Please complete the following and return this form with your check made payable to CADTP.

**Important Note:** An agency/organization that operates more than one DUI program must include ALL of its DUI programs (licensed or satellite) in the dues calculation below.

**Calculation:** Complete ALL that are applicable to the applicant's agency.

\_\_\_\_\_ NEW participants/clients were enrolled in this agency's **Education Only (Wet Reckless)** program during the last quarter as reported to the Department of Health Care Services DUI Branch.

\_\_\_\_\_ NEW participants/clients were enrolled in this agency's **3, 6, 9 month program** during the last quarter as reported to the Department of Health Care Services DUI Branch.

\_\_\_\_\_ NEW participants/clients were enrolled in this agency's **12 or 18 month program** during the last quarter as reported to the Department of Health Care Services DUI Branch.

\_\_\_\_\_ NEW participants/clients were enrolled in this agency's **3rd offender or 30 month program** during the last quarter as reported to the Department of Health Care Services DUI Branch.

**Total New Clients** \_\_\_\_\_ x **\$1.25** = \_\_\_\_\_ **enrollment dues.** Please make check payable to CADTP and include with this application to the address above. An acknowledgement and your Membership certificate will be mailed shortly after the application is approved.

**Future Quarterly Dues:** The next dues payment will be due in the month following the completion of the next quarter and each quarter thereafter. CADTP will send a statement to each Organizational Member.