



# Arizona Association of Drug Court Professionals

## Application for Individual Membership

[www.AZadcp.org](http://www.AZadcp.org)

Membership Term: May 2019- April 2010

<input type="checkbox"/> New <input type="checkbox"/> Renewal    EACH ARE \$30.00 per year	
Name:	
Title:	
Organization/Agency:	
Address:	
City:	State:
Zip Code:	
County:	Email:
Phone:	Fax:
As a member of AADCP, I would like to assist with: <input type="checkbox"/> Newsletter <input type="checkbox"/> Annual Conference Planning <input type="checkbox"/> Memberships <input type="checkbox"/> Funding <input type="checkbox"/> Other:	
Which category best describes your involvement in Drug Court? <input type="checkbox"/> Judicial Officer <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Treatment <input type="checkbox"/> Court Administration <input type="checkbox"/> Prosecution <input type="checkbox"/> Elected Official <input type="checkbox"/> Child Welfare <input type="checkbox"/> Defense <input type="checkbox"/> Coordinator <input type="checkbox"/> Probation <input type="checkbox"/> Educator <input type="checkbox"/> Treatment <input type="checkbox"/> Evaluator <input type="checkbox"/> Peer Support <input type="checkbox"/> Other: _____	Type of Drug Court (check all that apply): <input type="checkbox"/> Adult Drug Court <input type="checkbox"/> Family Drug Court <input type="checkbox"/> Juvenile Drug Court <input type="checkbox"/> Mental Health Court <input type="checkbox"/> Veterans Treatment Court <input type="checkbox"/> Healing to Wellness Court <input type="checkbox"/> DUI Court <input type="checkbox"/> Other: _____

If not paying online, make checks payable and mail to:

AADCP  
 24 W. Camelback Rd. A264  
 Phoenix, AZ 85013