



Arizona Association of Drug Court Professionals

Application for Individual Membership

www.AZadcp.org

Membership Term: One Year from date of joining

<input type="checkbox"/> New <input type="checkbox"/> Renewal EACH ARE \$50.00 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"/> Committees <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"/> Graduate <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

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