



**MEMBERSHIP APPLICATION**

*(Please type or print)*

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**Education Level**

- AA Nursing
- BSN
- MSN
- Diploma
- LPN

**Current Employer** \_\_\_\_\_

- Full time
- Part time

**Number of years CD experience** \_\_\_\_\_

**Age:**

- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- Over 70

**Areas of Practice**

- Inpatient Detox
- Out patient Detox
- Methadone maintenance program
- Research programs (Chemical Dependency)
- Out Patient Chemical Dependency Program
- Inpatient Chemical Dependency Rehabilitation program
- Residential Chemical Dependency Program
- Other

**Would you like to be included in our speakers list?**  Yes  No

**Fee \$100.00**  Check  Money Order Make payable to MACDN

Credit Card type \_\_\_\_\_ card # \_\_\_\_\_

Exp.date. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Send form with payment to:

MACDN \* P.O. Box 24721 \* Baltimore MD 21220 \* web site: [www.macdn.org](http://www.macdn.org)

email: [info@macdn.org](mailto:info@macdn.org); Fax: 410-574-9551; Phone: 410-574-0096