



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

Signature _____ Date _____

Send form with payment to: **P.O. Box 24721, Baltimore, MD 21220**