



# NAADAC

The Association for Addiction Professionals

# APNC

Addiction Professionals of North Carolina

An Affiliate of NAADAC, The Association for Addiction Professionals



## MEMBERSHIP APPLICATION

**YES!** Enroll me as a member today in NAADAC and APNC.

(Circle) Ms. Mrs. Mr. Dr.

Please Print or Type

Name \_\_\_\_\_

FIRST

MIDDLE

LAST

Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-Mail address \_\_\_\_\_ FAX \_\_\_\_\_

APNC/NAADAC Recruiter's Name \_\_\_\_\_ NAADAC Member # \_\_\_\_\_

(please print)

### DUES & PAYMENT

- Check, payable to NAADAC, for  **\$120** for Professional Membership
  - \$50.50** Student Membership\*  **\$99** Full Associate Membership\*\*  **\$83** Partial Associate Membership\*\*

\*Proof of status is required with Student application.

\*\*See reverse for details of Associate Membership types.

- Charge \$ \_\_\_\_\_ to my:  MasterCard  VISA  American Express

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_

**I affirm that I have read and agree to abide by NAADAC's Code of Ethics (on reverse side of this form).**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PERSONAL DATA

The following information is optional and for statistical purposes only.

- |   |   |  |   |
|---|---|--|---|
| <b>1. Are you certified/licensed as an:</b><br>a. Alcoholism/Drug Abuse Counselor<br>b. Prevention Specialist<br>c. Clinical Supervisor<br>d. Licensed Professional Counselor<br>e. Rehabilitation Counselor<br>f. Social Worker<br>g. Psychologist<br>h. Nurse<br>i. Physician<br>j. Psychiatrist<br>k. Clergy<br>l. Other _____ | <b>2. Primary job function:</b><br>a. Counselor<br>b. Clinical Supervisor<br>c. Program Director<br>d. Administrator/CEO<br>e. Prevention Specialist<br>f. Other _____    | <b>4. Years of employment in the alcoholism and drug abuse profession:</b><br>a. 0-3                      c. 7-10<br>b. 4-6                      d. Over 10                        | <b>6. Race:</b><br>a. Caucasian<br>b. Native American<br>c. African American<br>d. Hispanic/Latino<br>e. Asian/Pacific Islander<br>f. Other _____ |
|   | <b>3. Work Setting:</b><br>a. Hospital<br>b. Residential Facility<br>c. Local/State/Federal Agency<br>d. Private Practice<br>e. Criminal Justice System<br>f. Other _____ | <b>5. Highest degree earned:</b><br>a. High School Diploma/Equivalent<br>b. Associate Degree<br>c. Bachelor's Degree<br>d. Master's Degree<br>e. Doctoral Degree<br>f. Other _____ | <b>7. Sex:</b><br>a. Male                      b. Female  |
|   |   |  | <b>8. Year of Birth:</b> _____  |

From time to time we share our members' addresses with other companies who provide services that we feel are a benefit to the addiction professional. We carefully screen these companies and their offers to ensure that they are appropriate.  Please check here if you do not want us to give your address for this purpose.

### THREE EASY WAYS TO ENROLL!!

**Send with payment to:**

**NAADAC, The Association for Addiction Professionals**  
1001 N Fairfax St. Ste 201  
Alexandria, VA 22314

**FAX us at:**

**800/377-1136 or 703/741-7698**

**ONLINE [www.naadac.org](http://www.naadac.org)**

#### PLEASE COPY AND SAVE FOR YOUR RECORDS

NAADAC estimates 8% of dues payment is not deductible as a business expense because of NAADAC's lobbyist activities on behalf of members. Dual membership is required in NAADAC and state affiliate. You will receive services upon receipt of application and payment; please allow 4-6 weeks for initial receipt of publications. Membership in NAADAC is not refundable.

## Types of Associate Memberships

*Full Associate Membership* is offered to individuals who are working towards qualification, licensure or certification in the addictions field. Individuals will be eligible to join at dues based on 75% of Professional Membership.

Benefits of this level of membership:

- Voting privileges
- NAADAC News electronically
- Membership certificate, card and lapel pin

Not included in the benefit package are:

- Addiction Professional Magazine
- Discounts on any NAADAC product(s) or training(s) or certification/qualification
- Liability Insurance

*Partial Associate Membership* is offered to individuals who are working towards qualification, licensure or certification in the addictions field. Individuals will be eligible to join at dues based on 57% of Professional Membership.

Benefits of this level of membership:

- NAADAC News electronically
- Membership certificate, card and lapel pin

Not included in the benefits package are:

- Addiction Professional Magazine
- No voting privileges
- Discounts on any NAADAC product(s) or training(s) or certification/qualification
- Liability Insurance

Both Full Associate and Partial Associate Memberships are offered to new members or individuals whose NAADAC Membership has lapsed for more than 12 months. These types of membership are available for 5 consecutive years only. Both are considered to be full members of APNC.

## APNC/NAADAC Professional MEMBER BENEFITS

- Subscription to *Addiction Professional* the official publication of NAADAC, The Association for Addiction Professionals
- Six issues of the *NAADAC Newsletter* and the *APNC Newsletter*
- Professional networking opportunities with more than 16,000 of your colleagues, more than 500 of whom live in North Carolina
- Attend all national conferences at special savings and two APNC conferences annually giving NCSAPPB credit
- Attend NC regional training workshops (NCSAPPB credit approved) at special savings
- Discount—up to 50%—on all NAADAC products, services, national certification and other educational programs
- Eligibility for enrollment in insurance programs (for members only)
- Exclusive voting privileges in all NAADAC and APNC elections
- APNC Membership card, lapel pin & official member certificate for display in your home or office
- *APNC Membership Directory* and *Code of Ethics*
- Direct toll-free access to NAADAC experts at 800/548-0497, Mon.-Fri., 9 a.m. to 5 p.m., for fast answers and professional advice
- APNC access at 800/723-4851 or [www.apnc.org](http://www.apnc.org). Our e-mail address is [apnc@Juno.com](mailto:apnc@Juno.com) or [apnc@verizon.net](mailto:apnc@verizon.net)
- Information about NC Legislative issues affecting substance abuse professionals, and active monitoring of the NC General Assembly by members of the APNC Legislative Committee

## NAADAC CODE OF ETHICS

*I DO AFFIRM:*

*I shall affirm diversity among colleagues or clients regardless of age, gender, sexual orientation, ethnic/racial background, religious/spiritual beliefs, marital status, political beliefs, or mental/physical disability.*

*I understand that the ability to do good is based on an underlying concern for the well being of others. I shall act for the good of others and exercise respect, sensitivity, and insight. I understand that my primary professional responsibility and loyalty is to the welfare of my clients, and I shall work for the client irrespective of who actually pays his/her fees.*

*I understand and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I shall be open and clear about the nature, extent, probable effectiveness, and cost of my services to allow each individual to make an informed decision about his or her own care.*

*I understand that effectiveness in my profession is largely based on the ability to be worthy of trust, and I shall work to the best of my ability to act consistently within the bounds of a known moral universe, to faithfully fulfill the terms of both personal and professional commitments, to safeguard fiduciary relationships consistently, and to speak the truth as it is known to me.*

*I understand that laws and regulations exist for the good ordering of society and for the restraint of harm and evil, and I am aware of those laws and regulations that are relevant both personally and professionally and follow them, while reserving the right to commit civil disobedience.*

*I understand that personal and professional commitments and relationships create a network of rights and corresponding duties. I shall work to the best of my ability to safeguard the natural and consensual rights of each individual and fulfill those duties required of me.*

*I understand that I must seek to nurture and support the development of a relationship of equals rather than to take unfair advantage of individuals who are vulnerable and exploitable.*

*I understand that every decision and action has ethical implication leading either to benefit or harm, and I shall carefully consider whether any of my decisions or actions has the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them.*

*I shall operate under the principle of Duty of Care and shall maintain a working/therapeutic environment in which clients, colleagues, and employees can be safe from the threat of physical, emotional or intellectual harm.*

*(December 2004)*