



Drug Free Workplace Membership Order Form

Yes! I would like to be a member of The Council on Alcohol and Drugs' Drug Free Workplace Program and save 7.5% on my workers compensation insurance premiums.

Your \$150 membership meets all five certification requirements of Georgia law and includes:

Additional services are available for your convenience: Spanish & Supervisor newsletter.

- One-year subscription to the base membership includes the English version "Drug-Free @ Workplace" employee training newsletter. *This monthly newsletter meets your annual employee education requirement!*
- Free 30 minute Supervisor Training DVD. *Meets Supervisor training requirement.*
- Disc of treatment centers in your area. *Meets treatment center list requirement.*
- Annual reminder to renew your certification. *So you don't lose your 7.5% discount.*
- Fill-in-the-blanks substance abuse policy. *Meets all requirements of Georgia law.*
- Drug Free Workplace poster, window and door stickers. *Required by Georgia law.*
- Legal updates on policy changes and free legal advice from our drug free workplace attorney.
- Discounted rate for onsite oral fluid (saliva) or urine based drug test kits.
- Drug free workplace consultation from our drug free workplace experts.
- Assistance in completing Application for Certification along w/ instruction sheet.
- Drugs Don't Work stickers for hard hats, vehicles, etc.

Your membership helps our 40-year-old, 501(c)3 nonprofit agency to prevent drug abuse among children.

Company Name: _____ # of employees: _____
 Address: _____
 Type of Business: _____ FEIN: _____
 Telephone: _____ Fax: _____
 Contact Name: _____
 Email Address: _____

Payment: Check enclosed: \$ _____ Please check your selection:

- _____ \$150 base membership
- _____ \$200 base membership includes monthly Spanish Newsletters
- _____ \$260 base membership includes monthly Supervisor Training Newsletters
- _____ \$310 base membership includes monthly Supervisor Newsletters & Spanish Newsletters

OR, pay by Credit Card:

Visa _____ MasterCard _____ AMEX _____ Discover _____

Credit Card Number: _____

Security Code: _____

Expiration date: _____

Charge amount: \$ _____

Signature: _____

Credit card billing address (do not complete if same as above). Zip code must match credit card.

Please contact Leanne Mulherin at (404) 223-2482 or Lmulherin@LiveDrugFree.org

FAX OR MAIL THIS FORM TO:

<p>The Council on Alcohol and Drugs, Inc. LM 233 Peachtree Street NE Suite 2000, Atlanta, Georgia 30303-1564 Tel: (404) 223-2482 Fax: (866) 786-9811 Please visit our website at: www.LiveDrugFree.org</p>
--