



SOUTH CAROLINA CHAMBER OF COMMERCE

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 5% on my workers' compensation insurance premiums.

Your \$150 membership meets all certification requirements per South Carolina law and includes:

- One-year subscription to the base membership includes the English version "Drug-Free @ Workplace" employee training newsletter – This monthly newsletter provides your employees with drug-free workplace education while keeping them on the job rather than in a classroom!
- Free 30 minute Supervisor Training DVD – Provide your supervisors with drug-free workplace education
- Annual reminder to renew your certification – So you don't lose your 5% discount
- Fill-in-the-blanks substance abuse policy – Meets all requirements of South Carolina law & South Carolina state contract law
- Drug-Free Workplace poster, window and door stickers – Required by law
- Legal updates on policy changes
- Discounted rate for onsite oral fluid (saliva) or urine based drug test kits – Highest quality, most accurate tests available
- Free legal advice from our Drug-Free Workplace labor law attorney – Office located in SC
- Drug-free workplace consultation from our drug-free workplace experts
- Drugs Don't Work stickers for hard hats, vehicles, etc. – Show state inspectors you are in compliance

Additional services available for your convenience are newsletters translated in Spanish and a Supervisor newsletter. Your membership helps the Council carry out policys that prevent drug abuse among children. Together we can make a difference!

Company Name: _____ # of employees: _____
 Address: _____
 Type of Business: _____ FEIN: _____
 Telephone: _____ Fax No: _____
 Contact Name: _____
 E-mail 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 Shelly Davis at (877) 778-3490 or sdavis@livedrugfree.org

FAX OR MAIL THIS FORM TO:
The Council on Alcohol and Drugs, Inc.
233 Peachtree Street NE Suite 2000
Atlanta, Georgia 30303-1564

Tel: (877) 778-3490
Fax: (866) 786-9811
Please visit our Web site at:
www.LiveDrugFree.org