



www.livedrugfree.org

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:

- 12 issues of the English version "Drug-Free @ Workplace" employee training newsletter. *This monthly newsletter meets your annual employee education requirement.*
- Free Supervisor Training DVD. *Meets Supervisor training*
- List of treatment and counseling 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 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 48-year-old, 501(c)3 nonprofit agency to prevent drug abuse among children. **Additional services available for your convenience: Spanish & Supervisor newsletter.**

Company Name: _____ # of employees: _____
Address: _____ City _____ State _____ Zip _____
Type of Business: _____ Telephone: _____ Federal Id# : _____
Contact Name: _____ Email Address: _____

Checks Payable to: The Council on Alcohol and Drugs

- _____ \$165 base membership includes Employee Education Newsletter
- _____ \$220 base membership includes monthly English & Spanish Employee Newsletters
- _____ \$285 base membership includes monthly English Employee & Supervisor Training Newsletters
- _____ \$340 base membership includes monthly English Employee, Spanish Employee, & Supervisor Newsletters

Please call for two year discounted membership rates

or Credit Card: Visa _____ MasterCard _____ AMEX _____ Discover _____

Credit Card Number: _____ Security Code: _____

Exp date: _____ Charge amount: \$ _____ Signature: _____ Print Name: _____

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

Questions - contact Staci Wade at (404) 223-2486 or swade@LiveDrugFree.org

FAX OR MAIL THIS FORM TO: