



www.livedrugfree.org

## Drug Free Workplace Membership Order Form

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 \$165 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 40 min Supervisor Training DVD.
- List of treatment and counseling centers in your area. *Meets treatment center list requirement.*
- Suicide Prevention Resources.
- 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 with instruction sheet.
- Drugs Don't Work stickers for hard hats, vehicles, etc.

Your membership helps our 50 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: \_\_\_\_\_ FEIN: \_\_\_\_\_  
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](mailto:swade@LiveDrugFree.org)

**FAX OR MAIL THIS FORM TO:**