



**Michigan Association
of Substance
Addiction Providers**

Membership Designee Name: _____

Membership Designee Title: _____

Organization Name: _____

Address: _____

City : _____ State: _____ ZIP: _____

Email: _____

Work Phone: _____ Cell Phone: _____

Membership Level: Select that which applies to your organization.

<\$499,000: \$100

\$500,000 - \$999,999: \$250

\$1,000,000+: \$500

Add additional membership designees:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Make checks payable to NCADD, 2400 East Detroit, MI 48221, attn: Lauren Stovall.