



## **NEW YORK ASSOCIATION OF DRUG TREATMENT COURT PROFESSIONALS**

### **Membership Application**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Court/Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your annual membership fee is **\$35.00**. Make your check payable to

**New York Association of Drug Treatment Court Professionals**

Mail your payment and completed membership application to:

**New York Association of Drug Treatment Court Professionals**

**Church Street Station**

**P.O. Box 1823**

**New York, NY 10008**

**Attn: Ann Bader, Treasurer NYADTCP**