



NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE  
OF THE CENTRAL MISSISSIPPI AREA, INC.

875 NORTH PARK DRIVE, BUILDING 2, SUITE 600  
RIDGELAND, MS 39157

Phone: 601-899-5880 Fax: 601-899-5548

REQUEST FOR MEMBERSHIP

NAME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Enclosed is my membership fee of (Check one):

- \$25.00 Individual
- \$50.00 Supporter
- \$100.00 Corporate
- \$250.00 Benefactor
- \$\_\_\_\_\_ Other

Please use my gift for the following:

- Children & Youth Programs
- Parenting Programs
- Referral Programs
- Training & Community Education
- My gift is unrestricted

With my membership, I would be interested in serving on a planning committee to benefit NCADD's efforts in the community.

**THANK YOU FOR YOUR SUPPORT**