

2008 SALIS MEMBERSHIP APPLICATION

Deadline: Renewal checks must be received by **January 15, 2008** to receive the discounted *Addiction Professional* subscription or to remain on the SALIS-L listserv

Note: SALIS membership is an individual membership based on a calendar year. Before filling out this form, please read about the types of membership and the different Special Interest Groups / Committees on the SALIS web site (<http://salis.org/membership.html>).

I wish to apply for: (*check only one*)

1. Full Membership -
- with *Addiction Professional* subscription: \$107.00 US This is a Renewal
- without *Addiction Professional* subscription: \$100.00 US ... New Member
2. ELISAD Member Rate -
- with *Addiction Professional* subscription: \$67.00 US
- without *Addiction Professional* subscription: \$60.00 US
3. Associate Membership U.S. \$50.00 US
4. Institutional Membership U.S. \$30.00 US ...
(For Developing Countries Only)
5. Sponsor Membership U.S. \$500.00

Check here if your information is the same as last year. You only need to fill in your name and email address.

Name: _____ Title: _____

Email: _____

Organization: _____

Address: _____

_____ Tel: _____ Fax: _____
(Include zip or postal code)

Web Address: <http://> _____

I am interested in the following Special Interest Group(s)/Committees:

- Australian Special Interest Group Multi-Cultural Special Interest Group
 Canadian Special Interest Group South East Asian Special Interest Group

Committees:

- Education & Outreach International Networking Information Technology

Check here if your organization is designated a:

- RADAR State Center** **RADAR International Center**
 RADAR Specialty Center **RADAR Associate Center**

Full members only:

- Check here if you wish to receive publications from National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse & Alcoholism, National Clearinghouse for Alcohol and Drug Information (NCADI), and the Whitehouse Office of National Drug Control Policy (ONDCP). Please note that these publications are infrequent.

Please make checks payable to **SALIS**. Checks must be drawn on a U.S. bank or by a money order payable in U.S. funds. **SALIS Federal I.D. Number 02-0408988**

Amount enclosed (U.S. Currency): \$ _____

Mail this form **with payment** to: **Attn: Membership**
SALIS Home
P.O. Box 9513
Berkeley, CA 94709-0513
U.S.A.

Other contact information:
E-mail: SALIS@salis.org
Website: <http://SALIS.org>
Telephone: (510) 597-3440
FAX: (510) 985-6459

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