



# FLORIDA ASSOCIATION OF DRUG COURT PROFESSIONALS

[www.fadcp.org](http://www.fadcp.org)

## September 2024 - August 2025 ORGANIZATIONAL MEMBERSHIP APPLICATION

(Tax ID#: 65-1140643)

\_\_\_\_\_ Renewal

\_\_\_\_\_ New

| <b>Name:</b>   |                  | <b>Title:</b>   |  | <b>Organization/Agency:</b> |                |
|--|------------------|-----------------|--|-----------------------------|----------------|
| <b>Address:</b>  |                  |                 | <b>City:</b>                                 |                             | <b>State:</b>  |
|  |                  |                 |  |                             | <b>Zip:</b>    |
| <b>County:</b>   |                  | <b>Circuit:</b> | <b>Phone:</b>                                | <b>Fax:</b>                 | <b>E-mail:</b> |
| <b>Type Problem-Solving Court (check all that apply):</b> ( ) Adult Pretrial ( ) Adult Post Adjudication ( ) Veterans ( ) Mental Health ( ) Juvenile Pretrial ( ) Juvenile Dependency<br>( ) Juvenile Post Adjudication ( ) DUI Court ( ) Other-specify:   |                  |                 |  |                             |                |
| Please list name, address, etc. of UP TO SEVEN (7) INDIVIDUALS included in the Organizational Membership. Also, indicate one of the following codes for each individual:<br>(a) Judicial Officer (b) Law Enforcement (c) Treatment (d) General Government (e) Prosecution (f) Elected Official (g) Defense (h) Coordinator (i) Probation (j) Child Welfare (k) Educator<br>(l) Planner (m) Evaluator (n) Other |                  |                 |  |                             |                |
| Name/Title   | Address/City/Zip | Phone/Fax       | E-mail (required for newsletter and updates) | Code                        |                |
| 1.   |                  |                 |  |                             |                |
| 2.   |                  |                 |  |                             |                |
| 3.   |                  |                 |  |                             |                |
| 4.   |                  |                 |  |                             |                |
| 5.   |                  |                 |  |                             |                |
| 6.   |                  |                 |  |                             |                |
| 7.   |                  |                 |  |                             |                |

Organizational Membership dues are \$200.00 - Make checks payable to "FADCP" and Mail Registration and Payment to:

**FADCP, c/o Crystal Watkins, 110 N.W. First Ave., Suite 1062, Ocala, Florida 34475**

Any Questions? Contact: Crystal Watkins, FADCP Membership Chair at [cwatkins@circuit5.org](mailto:cwatkins@circuit5.org) 352-502-2483