



## Drug Free Workplace Membership Order Form

Yes, I would like to be a member of The Council on Alcohol and Drugs' Drug Free Workplace program. Please find my information below:

Yes! I would like to be a member of The Council on Alcohol and Drugs' Drug-Free Workplace Program and save 7.5% on my workers compensation insurance premiums

In partnership with  
**Gillman Insurance**

Your \$125 membership meets all 5 certification requirements of Georgia law and includes:

- One-year subscription to the English version "Drug-Free @ Workplace" employee training newsletter. *This monthly newsletter meets your annual employee education requirement!*
- Free 30 minute Supervisor Training videotape. *Meets Supervisor training requirement.*
- Disc of treatment centers in your area. *Meets treatment center list requirement.*
- Annual reminder to renew your certification. *So you don't lose your 7.5% discount.*
- Fill-in-the-blanks substance abuse policy. *Meets all requirements of Georgia law.*
- Drug Free Workplace poster, window and door stickers. *Required by Georgia Law.*
- Free legal updates on policy changes and free legal advice from our drug-free workplace attorney.
- Discounted rate for on-site drug test kits.
- Free drug-free workplace consultation from our drug-free workplace experts.
- Assistance in completing Application for Certification along w/ instruction sheet.
- Free Drugs Don't Work stickers for hard hats, vehicles, etc.

*Your membership helps our 36-year-old, 501(c) 3 nonprofit agency to prevent drug abuse among Georgia's children.*

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Payment: Check enclosed: \$\_\_\_\_\_ Please check your selection:  
 \_\_\_\_\_ \$125 base membership (meets all requirements for certification)  
 \_\_\_\_\_ \$175 base membership including monthly Spanish Newsletters  
 \_\_\_\_\_ \$235 base membership including monthly Supervisor Training Newsletters  
 \_\_\_\_\_ \$285 base membership including monthly Supervisor Newsletters & Spanish Newsletters

Visa\_\_\_\_\_ MasterCard\_\_\_\_\_ Amex\_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_  
 Charge amount: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Credit card billing address (do not complete if same as above). Zip code must match credit card.  
 Please contact Leanne Mulherin at (404) 223-2482 or [Lmulherin@LiveDrugFree.org](mailto:Lmulherin@LiveDrugFree.org)

### FAX OR MAIL THIS FORM TO:

The Council on Alcohol and Drugs, Inc.  
 An affiliate of the Georgia Chamber of Commerce  
 233 Peachtree Street NE Suite 2000 Atlanta, Georgia 30303-1564 Tel: (404) 223-2482 Fax: (866) 786-9811  
 Please visit our website at: [www.LiveDrugFree.org](http://www.LiveDrugFree.org)