

MARYLAND ASSOCIATION OF CHEMICAL DEPENDENCY NURSES

MEMBERSHIP APPLICATION

(410)574-0096

(Please type or print)

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Business Phone () _____ Fax () _____

Education Level

Current

Employer _____

AA Nursing

BSN

MSN

Diploma

LPN

_____ Full time

Part time

Number of years CD experience _____

Age:

20-29

30-39

40-49

50-59

60-69

Over 70

Areas of Practice

Inpatient Detox

Out patient Detox

Methadone maintenance program

Research programs (Chemical Dependency)

Chemical Dependency and Pregnancy

Out Patient Chemical Dependency Program

Inpatient Chemical Dependency Rehabilitation program

Residential Chemical Dependency Program

Other

Would you like to be included in our speakers list Yes No

Fee \$100.00 Check Money Order Make payable to MACDN

Mail this completed form with payment to

MACDN

P.O. Box 24721

Baltimore, MD. 21220

Membership # _____

Signature _____ Date _____