

**DRUG FREE WORKPLACES  
APPLICATION FORM**

To be eligible for official recognition in the **DRUG FREE WORKPLACES** program, please fill out the following application, and mail to:

**Community Action Drug Prevention Network**

**2475 Center Street NE**

**Salem, OR 97301**

Name of Business: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Current Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Page: \_\_\_\_\_

Authorized Signature:\* \_\_\_\_\_

**Please check one of the following:**

Salem Chamber Member       Keizer Chamber Member       Member of both Chambers

*\*Allows business name and logo to be used in Drug Free Workplaces promotions*