

**DRUG FREE WORKPLACES
APPLICATION FORM**

To apply and 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: _____

Phone Number: _____ Email Address: _____

Authorized Signature:* _____

Please check one of the following:

Salem Chamber Member

Keizer Chamber Member

Member of both Chambers

Not a member of either Chamber of Commerce

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