

RIVERSIDE COUNTY SOBER LIVING COALITION

A Fiscal Sponsee of the Sober Living Network

For instructions or further information please visit www.soberhousing.net

ASSOCIATE MEMBERSHIP APPLICATION

New Member (\$100.00) Renewal (\$100.00)

Date: ____/____/____

Name: _____ Phone#: _____

SL Home Name: (if associated with one) _____

SL Address: _____

City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____ @ _____

Website Address: _____

Nonprofit Corporation: (Name) _____

Proprietary: (Name of Owner or Corp.) _____

Affiliated w/ Alcohol & Drug Program: (Program Name) _____

Reason for your interest in becoming an Associate Member of the Riverside County Sober Living Coalition:

Are you willing to fully participate in the local Sober Living Coalition? YES NO

Have you read and understand the coalition membership requirements? YES NO

Have you read and do you agree to abide by the Code of Ethics? YES NO

I hereby verify the above information and request membership in the Riverside County Sober Living Coalition.

(Signature) Applicant

Date

-----FOR OFFICE USE ONLY-----

MEMBERSHIP REQUIREMENTS CHECK LIST

Membership Fee Fully Paid?

Signed Code of Ethics?

Approved By: _____ Date: _____

Riverside County Sober Living Coalition Field Organizer Office

Send application copy to Network Offices for certificate preparation.

Certificate prepared and delivered: Date: _____ By: _____

Sober Living Network Office

December 2009