

The Sober Living Network

Call for an inspection appointment: Guy 213-435-1637 or Glenn 951-219-8021

The Sober Living Network, a 501(c)(3) nonprofit corporation ♦ PO Box 5235 Santa Monica, CA 90409

Phone: 310-396-5270 ♦ E-mail: slnetwork@earthlink.net ♦ Web Site: www.soberhousing.net

MEMBERSHIP APPLICATION

New Member Renewal 1st Home \$200 Additional Homes \$100

SL Home Name: _____ Date: ____/____/____

SL Address: _____

City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip: _____

Website Contact Name: _____ Phone: _____

Owner Phone: _____ Email Address: _____

Web Site: _____

OPERATOR TYPE:

Nonprofit Corporation: (Name) _____

Proprietary: (Name of Owner or Corp.) _____

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

TYPE OF FACILITY: House Apartment Building Other: _____

Number of Bedrooms: _____ Bathrooms: _____ Other Available Space: _____

Occupant Capacity: _____ Serving: Men Women Women w/children Co-ed

Guest Fee: Basic Monthly \$ _____ Date Home Started as SL: _____

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

Have you reviewed the health, safety and management 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 Sober Living Network.

(Signature) Sober Living Home Operator

Date

-----FOR INSPECTOR USE ONLY-----

MEMBERSHIP REQUIREMENTS CHECK LIST

Membership Fee – amount \$ _____ cash / check

Signed Code of Ethics

Home Brochure or Info Sheet

Rules, Regulations and/or Policies

Copies of Training Certificates

General Liability Insurance Endorsement

Guest Agreement

Application and Guest Information Form

Inspection Completed by: _____ Date: _____

Discrepancies Noted: YES NO list: _____

This sober living home meets all the Network membership requirements and is approved for membership.

Approved By: _____ Date: _____

Certificate prepared and delivered: Date: _____ By: _____