## **The Sober Living Network**

Call for an inspection appointment: Guy 213-435-1637

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**

SL Home Name:	Date:/
SL Address:	
	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 O	Corp.)
☐ Affiliated w/ Alcohol & Drug Pro	ogram: (Program Name)
	☐ Apartment Building ☐ Other:Other Available Space:
	<pre>fen □ Women □ Women w/children □ Co-ed _ Date Home Started as SL:</pre>
Have you read and understand the Network Have you reviewed the health, safety and m Have you read and do you agree to abide by	anagement requirements?   ¬ YES   ¬ NO
I hereby verify the above information and re	equest membership in the Sober Living Network.
(Signature) Sober Living Home Operator	Date
	R INSPECTOR USE ONLY
MEMBERSHIP REQUIREMENTS CHEC  □ Membership Fee – amount \$ cash  □ Signed Code of Ethics  □ Home Brochure or Info Sheet  □ Rules, Regulations and/or Policies	/ check □ 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 Netwo	rk membership requirements and is approved for membership
	Date:
Certificate prepared and delivered: Date:	By: