

# **RIVERSIDE COUNTY SOBER LIVING COALITION**

*A Fiscal Sponsee of the Sober Living Network*

For instructions or further information please visit [www.soberhousing.net](http://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