



GREATER RIVERSIDE SOBER HOUSING ALLIANCE

Proud members of the Sober Living Network



GREATER RIVERSIDE
— SOBER HOUSING ALLIANCE —

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

MEMBERSHIP APPLICATION

Membership Fee \$150 per Home

New Home Renewal

SL Home Name: _____ Date: ___ / ___ / ___

SL Address: _____

City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip: _____

Referral Contact Name: _____ Phone: _____

Email Address: _____

Web Address: _____

TYPE OF DWELLING: House Apartment Building Other: _____

Serving: Men Women Women w/children Co-ed **Total # Beds:** _____

Bedrooms: _____ Bathrooms: _____ Other Available Space: _____

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

Are you willing to participate in the Greater Riverside Sober Housing Alliance? YES NO

Have you read and understand the alliance 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

You understand it is required to physically attend if you miss 3 consecutive or 4 total Alliance Meetings per year you will be removed from membership immediately? YES NO

I hereby verify the above information and request membership in the Greater Riverside Sober Housing Alliance.

(Signature) Sober Living Home Representative

Date

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

MEMBERSHIP REQUIREMENTS CHECK LIST – APPLICATION WILL NOT BE ACCEPTED IF ALL OF THE FOLLOWING ARE NOT PREPARED

- Riverside Membership Application
- Sober Living Rules & Guest Agreement
- Liability Insurance Declaration Page (min. \$500K)
- Code of Ethics signed
- Training Certificate(s) copies
- Membership Fee Paid \$ _____ Check# _____

Inspection Completed by: _____ Date: _____

Corrections Needed: YES NO Actions taken: _____

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

Approved By: _____ Date _____

Greater Riverside Sober Housing Alliance Field Organizer

Date

Home added to Sober Living Network Website: By: _____ Date: _____

Certificate prepared and delivered: By: _____ Date: _____

Date Certificate sent via: Email _____ Hand Delivered _____