



BCRHA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Date of application:

Applicant Name:

Membership Type: Professional/Owner <small>(Circle one)</small>	Phone:	Email:
Proxy applicant: Yes/No <small>(Circle one)</small>		

Address:

City:	St:	ZIP Code:
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EXPEIRENCE

Number of years' experience in the field of recovery:

Describe your experience in the drug and alcohol field including training or certifications held:

Why do you want to be a member of the BCRHA?

You will be required to pass a background screening and cannot be actively on probation or parole. Please list any legal information you would like us to be aware of:

Please indicate how you feel you can best serve the BCRHA:

Circle all Committees you have an interest in joining: Membership/Bylaws/Outreach/Residential Advocacy

REFERENCES

Name	Title	Phone

TO BE COMPLETED BY MEMBER OWNERS

OWNER/BUSINESS INFORMATION

Business Name:	Legal Entity: Yes/No <small>(Circle one)</small>
Business Owner(s):	If yes type of business LLC etc.:
	How long in business?

BCRHA MEMBERSHIP APPLICATION

Business Address:

Email Address:

Website:

Area(s) of Focus:

Is medically assisted recovery accepted: Yes/No
(Circle one)

If yes which ones:

List all medications not allowed in your house :

PROPERTY INFORMATION

Proof of insurance and U/O must be provided for each property.

Type: <small>R (Recovery) S (Sober)</small>	Gender: <small>M (Men's) W (Women's)</small>	Property Owner Name and address:	Property Address:	Commercial Insurance <small>Yes/No</small>	U/O or permit <small>Yes/No</small>

PROGRAM INFORMATION

Provide a copy of the following:

Rules and Regulations

Policies and Procedures

Program information

I authorize the verification of the information provided on this form as to my acceptance as a member of the BCRHA. I have received a copy of this application.

Signature of applicant:

Date:



Application Instructions

Mail completed applications with supporting documentation to:
 BCRHA
 P.O.Box 1053
 Levittown, PA 19058

Please note that the Application process for Member Owners can take up 6 months. Application fee schedule is below:

Applicant Type	Fee	Notes
Member Owner	\$250 plus \$25 per house	\$75 non-refundable
Proxy	\$75	Non-refundable
Professional	-----	

To be completed by BCRHA Membership Committee
Application reviewed by:
Interview conducted by:
Application fee received:
Inspection Conducted by:
Inspection findings:
Criminal Background Status:
Application Status:
Owner notified of status:
Comments: