

BCRHA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Date of application:

Applicant Name:

Membership Type: Professional/Owner
(Circle one)

Proxy applicant: Yes/No
(Circle one)

Phone:

Email:

Address:

City:

St:

ZIP Code:

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
(Circle one)

If yes type of business LLC etc.:

Business Owner(s):

How long in business?

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Business Address:	
Email Address:	Website:
Area(s) of Focus:	Is medically assisted recovery accepted: Yes/No <small>(Circle one)</small> 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: