

National Sober Living Association



Attn: NSLA Membership
PO Box 1301
Bismarck, ND 58502

Phone: (701) 516-2912
Email: nationalsoberliving@gmail.com

MEMBERSHIP APPLICATION

- New Member Application
- Existing Member Renewal

SECTION I

Name of Sober Living Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner Name: _____ Contact Person: _____

Phone: (____) _____ Email: _____

Website: _____ Date Sober Living Established: _____

Residence(s): Owned Leased from 3rd party Leased from person or entity related to member

Type(s): Single family detached house Apartment building Apartment units

Condominium Duplex or triplex Other _____

Total # of bedrooms: _____ Total # bathrooms _____ Total # of residents in all homes: _____

One Story Two Story Basement (egress windows Y __ N __) Pool Fireplace

Serving: Women Men Women w/ children Men w/ children Co-ed

Other _____

Monthly Resident Fees: \$ _____ Is there more than 1 set fee? Y___ N___

Type of Organization: Corporation Partnership LLC Sole Proprietorship Nonprofit Corp
 Nonprofit-other Uni-corporated Entity Other _____

SECTION II

Management Structure of Each House: Manager(s) Assistant Manger(s) Other _____

NSLA Training: Owner Y ____ N ____ Manager(s): Y ____ N ____ Assistant(s) Y ____ N ____

Copies of NSLA training certificates in office: Y ____ N ____

Have all members of ownership & management read and agree to abide by the Code of Ethics? Y ____ N ____

Copies of NSLA signed ethics forms in office: Y ____ N ____

Years of experience _____ Requesting Mentor Y ____ N ____ Available to Mentor Y ____ N ____

Homes are 100% abstinence based Y ____ N ____

Do you take residents on MAT Y ____ N ____

If so, have they worked with a doctor to set us a plan to taper off Y ____ N ____

Zero tolerance for drug and/or alcohol use Y ____ N ____

Residents participate in 12 Step meetings Y ____ N ____

SECTION III

Total # of residences owned/operated by this organization: _____

Does applicant own or operate a recovery program, licensed alcohol and drug, or mental health program or facility? ____ Y ____ N ____

Name of program or facility? ____ Y ____ N ____

Have you ever been party to a lawsuit? Y ____ N ____

If so, please explain: _____

Has your organization`s membership ever been revoked by NSLA or any other association? ____ Y ____ N ____

If so, please explain: _____

Total amount for NSLA membership \$ _____ (\$150 per home up to 5, additional homes waived in)

Paid: Online ____ Mailed check ____

Does applicant own or operate a recovery program, licensed alcohol & drug, or mental health program or facility? Y _____ N _____

Name of Program or facility(ies): _____

Name of program(s) or facility(ies): _____

I hereby attest that the above information is true and complete, and that I am authorized to execute this application on behalf of the applicant. Applicant hereby requests membership in the National Sober Living Association.

Signature: _____ **Date:** _____
Legal Representative of applicant

Print Name: _____