

Recovery Center Membership Application

Name:		Phone:	
Address:		Birthdate:	
Do you experience mental health issues that interfere with your life? Yes / No			
Emergency Information		Referred by:	
Emergency Contact Name and Address:		Phone:	
List any health information that you would like Recovery Center staff to know (allergies, mental health triggers, etc.): _____ _____			
I receive services through the local Human Services Center: Yes / No Case manager: _____ Medical Doctor: _____ Psychiatrist or Psychiatric Professional: _____			
I would like to apply for membership and I agree to follow all rules of the Recovery Center. Signature:		Date:	