



MEMBERSHIP APPLICATION

BED-BASED ADDICTION RECOVERY SERVICES

FOR THE INAUGURAL YEAR, MEMBERSHIP IS COMPLIMENTARY

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

CONTACT NAME: _____ TITLE: _____

EMAIL ADDRESS: _____

PHONE: _____ OTHER: _____

QUALIFICATIONS FOR MEMBERSHIP:

- LICENSED ACCREDITED REGISTERED

COMMENTS:

Please complete application and email to info@bc-ara.ca