



**Central Missouri Recovery Coalition
Membership Application**

Date: _____

Choose One: Organization Application or Individual Application

- **Organization Application (\$120/year) *Governmental Agencies do not pay dues**

Organization Name: _____

Program name (if applicable): _____

Primary Contact Email: _____

Primary Designated Representative Name & Title: _____

Other agency information: (if applicable)

Emails to add to CMRC distribution list: _____

Agency Website (please add any direct links to your recovery support services within your website):

Program director or organization supervisor please sign below to approve above listed member as official voting member of your organization:

Signature

Date _____

Printed Name of Supervisor _____

- Individual Application (Suggested donation of \$50/year- not required)

Individuals Name: _____

Email: _____ Mobile: _____

*****Organizations and Individuals please complete the rest of this form.**

Address: _____

City: _____ State: _____ Zip Code: _____

Fax: _____

Please list any credentials you would like listed by your Printed Name below.

I certify the information on this application is accurate and true to the best of my knowledge.

Application/dues can be submitted at a regularly scheduled Coalition meeting 2nd Thursday of every month
Or can be mailed to:
Central Missouri Recovery Coalition
PO Box 86
Columbia, MO 65205
Or email scanned copy of application to:
dan@in2action.org

Signature

Printed Name

Date _____