

# MINNESOTA ASSOCIATION OF SOBER HOMES

1221 Wayzata Blvd East, Wayzata, MN 55391

(651) 223-6274

## MEMBERSHIP APPLICATION

New Member,  Existing Member Adding a New House,  Existing Member Home Renewal

Sober Home Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Referral Contact Name: \_\_\_\_\_ Contact Phone Number: \_ (\_\_\_\_) \_\_\_\_\_

Management Type: \_\_\_\_\_ Nonprofit Corporation \_\_\_\_\_ Proprietary \_\_\_\_\_ Independent

Name Manager/Owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If Alcohol & Drug Program - Name of Program: \_\_\_\_\_

Name of Entity (If Self Managed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

TYPE OF FACILITY: \_\_\_\_\_ House, \_\_\_\_\_ Duplex, \_\_\_\_\_ Apartment Building, Other: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ Number Bathrooms: \_\_\_\_\_ Other Available Space: \_\_\_\_\_

OCCUPANT CAPACITY: \_\_\_\_\_ SERVING: \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_ Children \_\_\_\_\_ All

RESIDENT FEE: Basic Monthly \$ \_\_\_\_\_, Sober Deposit \$ \_\_\_\_\_, Date Home Started: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you willing to fully participate in the local Sober Living Association? \_\_ YES \_\_ NO

Have you read and understand the MASH membership requirements? \_\_ YES \_\_ NO

Have you reviewed the health, safety and management requirements? \_\_ YES \_\_ NO

I hereby validate the above information and request membership in the Minnesota Association of Sober Homes.

\_\_\_\_\_  
(Signature) Sober Home Owner or Operator

\_\_\_\_\_  
Date

### ----FOR Office Use Only ----

#### MEMBERSHIP REQUIREMENTS CHECK LIST

- |  |  |
|--|--|
| <input type="checkbox"/> Membership Fee Fully Paid?          | <input type="checkbox"/> Completed Sober Living Training workshop? |
| <input type="checkbox"/> Signed the Code of Ethics?          | <input type="checkbox"/> General Liability Insurance Endorsement?  |
| <input type="checkbox"/> Home Brochure or Info Sheet?        | <input type="checkbox"/> Lodger or Resident Agreement?             |
| <input type="checkbox"/> Rules, Regulations and/or Policies? | <input type="checkbox"/> Application and Resident Information Form |

Inspection Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Discrepancies Noted:  Yes  No Date QC Site Review Page sent to Home: \_\_\_\_/\_\_\_\_/\_\_\_\_

This sober home meets all MASH membership requirements and is approved for membership.

Approved By: \_\_\_\_\_  
Minnesota Association of Sober Homes Date

Send copy application to MASH Office for certificate preparation and referral listing.

Certificate prepared and delivered. Date: \_\_\_\_\_ By: \_\_\_\_\_  
MASH Office