

MINNESOTA ASSOCIATION OF SOBER HOMES

569 Selby Avenue, Saint Paul, MN 55102

(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