



www.PASoberLiving.org
SoberLivingAssocPA@gmail.com

Phone: 4-SLAP-PA-NOW
(475-277-2669)

SLAP Membership Information

Date: _____

Membership Type (Each \$250/year): ☐ RECOVERY/SOBER RESIDENCE OWNER ☐ AFFILIATE BUSINESS

Organization Name: _____ How long in business: _____

Applicant Name: _____

Business Website, if applicable: _____

Mailing Address: _____

Street Address

City

State

ZIP Code

Phone: _____ Email: _____

FOR AFFILIATES ONLY (Membership Fee \$250/year) Please fill out this section only and go directly to end of application for signature.

What services does your company/organization offer?

Contact Person for Referrals: Name: _____ Contact # _____

Do you give SLAP permission to advertise your affiliation on its website and literature? YES ☐ NO ☐

Mail checks payable to "SLAP" to 3860 Pine Rd, Huntingdon Valley, PA 19006 or Venmo to @Gfeld1

ONCE MEMBERSHIP DUES ARE RECEIVED, AN INSPECTION WILL BE SCHEDULED AND CERTIFICATE GIVEN

FOR OWNERS ONLY:

Do you have Narcan at **each** residence yet? YES ☐ NO ☐ Do you agree to have all homes to Code per township regulations? YES ☐ NO ☐

Do you agree to have each residence inspected by designated SLAP inspector? * YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, please explain: _____

Please know that all members of SLAP may not be on any Megan's Law List, must pass a child abuse clearance, if asked, and cannot be a convicted of a sexual related crime.

Recovery Residence Information

Name:	Address:	Gender	Recovery or Sober	Commercial Insurance Y/N

If additional space is needed, please put on back of this sheet

Is medically assisted recovery medication accepted at any of your residences?

YES
☐

NO
☐

If yes, Name of residence: _____

References

Please list three professional or personal references.

Full Name: _____ Relationship: _____
Company (if applicable): _____ Phone: _____

Full Name: _____ Relationship: _____
Company (if applicable): : _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and completed to the best of my knowledge and authorize the verification of the information provided on this form as to the acceptance as a member of SLAP.

If this application leads to membership, I understand that false or misleading information in my application may result in my release of said membership of SLAP.

Signature: _____ Date: _____

SLAP BOARD USE ONLY

Received \$250 Membership Fee, made payable to SLAP? YES ☐ NO ☐ Date: _____ Via: _____

Has inspection(s) been scheduled? When: _____ By: _____

Has Inspection been completed per SLAP's Membership? _____

Does Owner agree to SLAPs Code of Ethics? YES ☐ NO ☐ Date: _____