



MEMBERSHIP APPLICATION

Application date _____

Welcome to the Addiction Recovery Council of Virginia (ARCVA). We are delighted you have chosen to become part of our grass roots movement. We hope that you will find membership an enriching experience and encourage you to share everything ARCVA has to offer with fellow addicts, family, friends, and community leaders.

Member Information

Name(s): _____

Organization or Corporation (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Please select level of membership: Individual \$10 Organization \$25 Corporate \$50

Fees may be paid through PayPal at arcva.org. Make checks payable to: ARCVA membership

Applicant: I, _____, am applying to become a member of **ARCVA**.

Signature _____ Date _____

***Note:** As an ARCVA member, you are revolutionizing the culture of recovery from substance use disorders in the state of Virginia using a model that any state is welcome to emulate. As an ARCVA member, you are helping reduce the stigma associated with recovery and helping save thousands of lives each month. Please visit our website at arcva.org on a regular basis. The site is updated daily.*