



MEMBERSHIP APPLICATION

- New Membership**
- Membership Renewal**

Member Information:

Name: _____

Company: _____

(if signing up as contact for your company)

Address: _____

City: _____ State/Province: _____

Zip: _____

Telephone: _____

Email: _____

Membership Level:

<input type="checkbox"/> Regular: \$35.00 One-year subscription to <i>The Reporter</i> .
Check your preferred meeting <input type="checkbox"/> Community Meetings <input type="checkbox"/> Telephone Meetings <input type="checkbox"/> Online Meetings
<input type="checkbox"/> Additional Donation Amount

Payment Information:

D My check or money order is enclosed.

Please make checks payable to Recovery International.

D Please charge the amount shown above to my **Visa** **Mastercard** **Discover** **American Express**

Account # _____ Exp. Date: _____

Signature: _____

Please mail or fax your completed application and payment to:

Recovery International

1415 W. 22nd Street, Tower Floor, Oak Brook, IL 60523

Voice: (312) 337-5661 Fax: (312) 726-4446

~ OR ~ Donate online at www.recoveryinternational.org