



## CORPORATE MEMBERSHIP APPLICATION

Select One:  **New Membership**  **Membership Renewal**

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

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### Select a Membership Level:

- Professional: \$100/year includes:**
  - Recovery Reporter print version mailed quarterly (and early digital version)
  - Member-only phone or Zoom meetings, including Facebook meeting page access
  - Weekly Wisdoms (via e-mail)
  - Selections from Dr. Low's Works* (downloadable pdf)
  - Discounts at events and conferences
  
- Partner - \$250/year** - Includes above *PLUS* support 6 months of meetings for someone who can't afford to pay.
  
- Presenter - \$500/year** - Includes all of the above benefits *PLUS* support 12 months of meetings for someone who can't afford to pay; program licensing/training available; listing in Annual Report.
  
- Affiliate - \$1000/year** - Includes all of the above benefits *PLUS* support 12 months of meetings for someone who can't afford to pay; program licensing/training; Affiliate status and benefits to members; listing in Annual Report.
  
- Sponsor - \$5000** - All of the above benefits *PLUS* listing in Annual Report; company logo on RI website and Annual Report.

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Additional Donation Amount \_\_\_\_\_

### Payment Information:

\_\_\_\_\_ **My check or money order is enclosed.** (Payable to Recovery International)

\_\_\_\_\_ **Charge my**  **Visa**  **Mastercard**  **Discover**  **American Express**

Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you for your membership!**

Mail to: Recovery International  
1415 W. 22nd St., Tower Floor  
Oak Brook, IL 60523