



BETTER. MENTAL. HEALTH.™

INDIVIDUAL MEMBERSHIP APPLICATION

Select One: New Membership
 Membership Renewal

Name: _____

Company: _____

(if signing up as contact for your company)

Address: _____

City: _____ State/Province: _____ Zip: _____

Telephone: _____ Email: _____

Select a Membership Level:

- Regular: \$40/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)
 - Member website portal
 - *Selections from Dr. Low's Works* (downloadable pdf)
 - Discounts at events and conferences
 - Free Special Sessions/workshops.
- Bronze - \$100/year** - Includes above *PLUS* a Household Membership; Support 3 months of meetings for someone who can't afford to pay.
- Silver - \$250/year** - Includes all of the above benefits *PLUS* patron listing in Annual Report & support 6 months of meetings for someone who can't afford to pay.
- Gold- \$500/year** - All of the above benefits *PLUS* a special thank-you book, plus supporting a year of meetings for someone who can't afford to pay.
- Life Member - \$1000** - All of the above benefits *PLUS* you never have to renew!

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