

New Jersey Coalition for Addiction Recovery Support (CARS)



INDIVIDUAL MEMBERSHIP APPLICATION

Name: _____

Email: _____

Phone: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Demographic Information (Optional)

Gender: _____ Race/Ethnicity: _____

Do you identify as (check all that apply):

Age Range:

- | | |
|--|---|
| <input type="checkbox"/> A person in addiction recovery | <input type="checkbox"/> 18 to 30 years old |
| <input type="checkbox"/> A family member/loved one of a person in addiction recovery | <input type="checkbox"/> 31 to 50 years old |
| <input type="checkbox"/> An ally of individuals in addiction recovery | <input type="checkbox"/> 51 to 70 years old |
| | <input type="checkbox"/> 71 years old and above |

I am . . .

- Currently receiving/have received non-clinical, peer-driven recovery support services
- Currently providing/have provided non-clinical, peer-driven recovery support services
- A supporter of non-clinical, peer-driven recovery support services
- A professional in the mental health/substance abuse field
- Other (please explain): _____

Organizational Affiliation (Optional): _____

Job/Volunteer Title (Optional): _____

Licenses/Certifications/Trainings (If Applicable): _____

How did you hear about CARS? _____

Completed Application Can Be Mailed, Scanned or Faxed to:
Morgan Thompson
121-125 Chestnut Street, 3rd Floor, Roselle, NJ, 07203
mthompson@preventionlinks.org
Phone: 732-381-4100 Fax: 732-381-0140