



Membership Application 2025-26

Our Vision: A Leader in Recovery

We envision a British Columbia where recovery is accessible to all, positioning our province as a beacon of hope and a model for addiction services nationwide.

Our Mission: Unifying for Change

BCARA is committed to providing leadership, fostering collaboration, and amplifying the voices of those affected by addiction. We're dedicated to ensuring that evidence-based, recovery-oriented services are not just available, but prioritized.

Full Name:

Organization (if applicable):

Title/Position:

Address:

Phone Number:

Email:

Website:

Membership Type (Please select one):

☐ Individual ☐ Organizational ☐ Student ☐ Other: _____

Membership Criteria

Please describe your experience, interest, or alignment with the mission of **BC Addiction Recovery Association**:

If applying as an organization, briefly describe your services and target population:

Knowledge Areas (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Front-line Service Delivery | <input type="checkbox"/> Policy & Advocacy |
| <input type="checkbox"/> Lived/Living Experience | <input type="checkbox"/> Research & Evaluation |
| <input type="checkbox"/> Indigenous Healing Practices | <input type="checkbox"/> Peer Support |
| <input type="checkbox"/> Therapeutic Community/Relational Practice | <input type="checkbox"/> Other: _____ |

Please check all that apply.

☐ is licensed by or registered with a Canadian federal or provincial government entity or a provincial, regional, First Nations, or similar health authority to provide recovery services for substance use disorders or substance addiction.

☐ holds national or international accreditation for providing substance use disorder recovery services or substance addiction recovery services;

☐ is funded by a Canadian federal, provincial, or municipal government entity to provide recovery services for substance use disorders and substance addiction.

☐ is a "Recognized Expert" in addiction recovery. An expert is someone with experience in recovery care systems who conducts important research and contributes significantly to the field, as determined by the board, and/or

☐ is a graduate student registered at an accredited educational institution pursuing a Master's degree or PhD relating to substance use disorder /recovery or substance addiction /recovery?

I, _____ on behalf of _____, or as an independent, hereby apply to be a member of the BC Addiction Recovery Association.

If applicable, I confirm that I am authorized to serve and speak on behalf of _____.
Name of Organization

I confirm that I/ or _____ (name of organization):

- Membership dues have been set at \$25.00 annually and can be paid by credit card, cheque (payable to Turning Point Recovery Society) or by e-transfer to finance@turningpointrecovery.com.

I understand that membership is subject to Board approval and is evaluated annually based on the Society's policies.

SIGNATURE

DATE

BCARA BOARD APPROVAL: SIGNATURE

DATE

Please email the completed application to info@bcaddictionrecovery.ca