**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.

**Membership Type** (Please select one):

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Individual | [ ]  Organizational  | [ ]  Student | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Definitions:  |  |  |  |

* Individual: Addiction Recovery Knowledge Holders—those with lived experience, professional expertise, Indigenous ways of knowing, or community leadership.
* Organization: Addiction Recovery Organizations—nonprofits, charities, and advocacy groups focused on recovery services, supports, or research.

**Applicant Information**

|  |  |
| --- | --- |
| Full Name: |       |
| Organization (if applicable): |       |
| *\*If you are applying as an individual and have indicated an organization above, please describe your relationship with that organization:* |
|  |
| **Title/Position:** |       |
| Address: |       |
| Phone Number: |       |
| Email: |       |
| Website: |       |

**Membership Criteria** (required)

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

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

**Knowledge Areas** (check all that apply):

|  |  |
| --- | --- |
| [ ]  Front-line Service Delivery | [ ]  Policy & Advocacy |
| [ ]  Lived/Living Experience | [ ]  Research & Evaluation |
| [ ]  Indigenous Healing Practices | [ ]  Peer Support |
| [ ]  Therapeutic Community/Relational Practice | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please check all that apply (required).

[ ]  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?

**Declaration**

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 represent and speak on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Organization)

I confirm that I/ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organization):

* *Membership dues are set at $25.00 annually. Payments can be made via: Credit Card, Cheque (payable to Turning Point Recovery Society and E-transfer.*

*An invoice will be emailed to you to complete your application.*

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**