



**Empowering Recovery
Through Leadership,
Knowledge and Community**

Become a BCARA Member

MEMBERSHIP APPLICATION 2026-27

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 provides leadership, fosters collaboration, and amplifies the voices of those affected by addiction so recovery-oriented services are available and prioritized.

Membership Type

Who Should Apply?

Individual

Addiction Recovery Knowledge Holders with lived experience, professional expertise, Indigenous ways of knowing, or community leadership.

Organization

Nonprofits, charities, and advocacy groups focused on recovery services, supports, or research.

Applicant Information

☐ Individual

☐ Organizational

Name:

Organization:

If applying as an individual, describe your relationship with the organization:

Title/Position:

Address:

Phone Number:

Email:

Website:

Secondary
Contact:

Email:



**Empowering Recovery
Through Leadership,
Knowledge and Community**

Membership Criteria

MEMBERSHIP APPLICATION 2026-27

1. Please briefly describe your experience, interest, or connection to addiction recovery and why you wish to join BCARA.

2. If applying as an organization, describe your services and target population.

3. Knowledge Areas - check all that apply.

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

Eligibility - check all that apply

- ☐ Licensed by or registered with a Canadian government entity or health authority to provide recovery services.
- ☐ Holds national or international accreditation for providing substance use disorder or addiction recovery services.
- ☐ Funded by a Canadian federal, provincial, or municipal government entity to provide recovery services.
- ☐ A recognized expert in addiction recovery, as determined by the Board.
- ☐ A graduate student at an accredited institution pursuing a relevant Master's degree or PhD.



**Empowering Recovery
Through Leadership,
Knowledge and Community**

Declaration

MEMBERSHIP APPLICATION 2026-27

Declaration

I, on behalf of
(or as an independent), apply to become a member of the BC Addiction Recovery Association.

If applicable, I am authorized to represent and speak on behalf of:

☐ I certify that the information provided in this application is accurate and complete. I support the vision, mission, and values of the BC Addiction Recovery Association and agree to abide by the Society's bylaws and policies. I understand that membership is subject to Board approval and annual review.

Applicant Signature:

Date:

BCARA Board Approval:

Date:

How Did You Hear About BCARA?

- | | |
|--|--|
| ☐ Website | ☐ Referral |
| ☐ Community of Practice | ☐ Event |
| ☐ Social Media | ☐ Other: <input type="text"/> |

Consent to Communication

☐ I agree to receive BCARA newsletters, event invitations, and membership communications.

Directory Consent

☐ I consent to having my name/organization listed in the members directory.

Please email the completed application to info@bcaddictionrecovery.ca

• email: info@bcaddictionrecovery.ca • website: bcaddictionrecovery.ca