

# JOIN OR RENEW AS A MEMBER OF FACES & VOICES OF RECOVERY...

and help bring the power and proof of long-term recovery from addiction to alcohol and other drugs to everyone in America. Join the fight and help us keep our organization strong and growing - our collective strength will ensure our success!



We are committed to organizing and mobilizing the millions of Americans in long-term recovery from addiction to alcohol and other drugs, our families, friends and allies to speak with one voice. We are dedicated to changing public perceptions of recovery.

Together, we are promoting effective public policy that will end discrimination. Putting a face on recovery and raising our voices will shout the fact that recovery is a reality and is making life better for millions of Americans. We will be pleased to add your face and voice to our campaign as you join us!

## JOIN AS A MEMBER TODAY

All members receive our eNewsletter

CHECK ONE

PLEASE PRINT

- \$30 ADVOCATE (Individual/Family)**  
Annual subscription to the quarterly newsletter  
*RISING!* Recovery In Action
- \$50 SUPPORTER (Individual/Family)**  
The above plus discounts on conference registration fees and trainings
- \$100 SPONSOR (Individual/Family)**  
Both of the above plus a donation of one complimentary membership to a person or family in recovery
- \$200 NON PROFIT OR RECOVERY COMMUNITY ORGANIZATION**  
All of the above plus one complimentary copy of our video "The Power of Our Stories: Speaking Out for Addiction Recovery" and a listing on our web site and in our newsletter, *Rising!* Recovery In Action.
- \$1000 PARTNER (Circle One: Individual or Corporate)**  
All of the above plus an autographed copy of William White's "Let's Go Make Some History" or William Moyers' book "Broken" and a Certification of Appreciation and Support

NAME\*: \_\_\_\_\_  
(FIRST) (LAST)

ORGANIZATION (IF ANY): \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(WORK) (HOME)

FAX: \_\_\_\_\_

EMAIL\*: \_\_\_\_\_

*\*required fields*

I am enclosing a check  
I would like to make an additional donation in the amount of \$ \_\_\_\_\_

Please send this form to:  
Faces & Voices of Recovery  
1010 Vermont Avenue, NW #708  
Washington, DC 20005

### HOW DID YOU HEAR ABOUT US? (PLEASE SPECIFY)

Website: \_\_\_\_\_

Event: \_\_\_\_\_

Faces and Voices Representative: \_\_\_\_\_

Referred by: \_\_\_\_\_

Other: \_\_\_\_\_

## RENEW AS A MEMBER TODAY

**CHECK ONE** (All members continue to receive our eNewsletter as well as the benefits listed above.)

Please complete the required fields above so that we can update your member information.

- \$30 ADVOCATE RENEWAL**
- \$50 SUPPORTER RENEWAL**
- \$100 SPONSOR RENEWAL**
- \$200 NON PROFIT OR RECOVERY COMMUNITY ORGANIZATION RENEWAL**
- \$1000 PARTNER RENEWAL**

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[www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)