



Thank you for becoming a member of Serenity Place!

(This membership will help build lives and give hope to those who still suffer from addiction.)

\$60 Annual Membership

Name _____

Business or Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Sobriety Date/
Clean Anniversary _____ Birthdate _____

12-Step Group Affiliations _____

____ Yes! I want Serenity Place to email me with updates and announcements

Signature _____ Date _____

Please make all checks payable to Serenity Place

*Mail form and check to: **Serenity Place, P.O. Box 426, Bismarck, ND 58502,**
or drop in mailbox in main meeting room at Serenity Place.*

Each membership includes a FREE Serenity Place T-shirt! Your size: _____