

# Florida Peer Network, Inc.

An independent Organization for people who are recovering from  
mental health and co-occurring disorders.

## Application for Membership

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address 2: \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email Address \_\_\_\_\_

Please complete this form and return to:

Florida Peer Network, Inc.  
400 Capital Circle SE  
Suite 18316  
Tallahassee, Florida 32301-3839

email: [info@floridapeernetwork.org](mailto:info@floridapeernetwork.org)  
web: [www.floridapeernetwork.org](http://www.floridapeernetwork.org)

Rose Delaney, Executive Director

