



GOC USE ONLY	
Date Recvd:	_____
Received by:	_____
Appt. Date:	_____
Appt. Kept:	_____
Appt. Date:	_____
Appt. Kept:	_____

## Member Referral Form

Member Information	
Date of Referral	
Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
Best way to contact	
Date of Birth	
Referral Source	
Name	
Title	
Agency Name (if any)	
Office Phone	
Cell Phone	
Email Address	
Best Way to Contact	
<p><b>In order to be considered for membership, all referrals are required to have a picture ID as well as a copy of their diagnosis signed by a doctor, therapist or nurse practitioner. Hospital discharge summaries, medication evaluations, psychiatric evaluations or letters on letterhead signed by one of the previously mentioned personnel are acceptable.</b></p> <p style="text-align: center;">It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.</p> <p style="text-align: center;">Thank you for completing this registration form and for your interest in GOC membership. Referrals are kept on file for 90 days. GOC will be contacting referrals within 14 days of receipt.</p>	

You can mail, email or fax this application to:  
**GAINESVILLE OPPORTUNITY CENTER**  
 102 NE 10<sup>th</sup> Ave, Unit 2  
 Gainesville, FL 32601

Phone (352) 224-5523 call for fax information  
**Email: [info@goclubhouse.org](mailto:info@goclubhouse.org) | Website: [www.goclubhouse.org](http://www.goclubhouse.org)**