



- Conflict of Interest Statement
- Memorandum of Understanding
- In Kind Form

MEMBERSHIP INFORMATION FORM

Name: _____

What sector do you represent? (Please Check One): Youth / Parent / Business / Media / School / Law Enforcement / Youth-Serving Organization / Faith/Civic Organization / Health Care / Substance Abuse Expert / Other

Organization (if applicable) _____ Title _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

How would you like to be involved in the coalition? Please check the committee that you believe best matches the skills you can contribute to the coalition.

- Advocacy – Policy, Legislative
- Education Outreach – Awareness, Event Planning, Continuing Education/Training
- Resource Development – Fundraising, Finance, Recruitment
- Assessment/Evaluation – Data
- Executive (Elected) – facilitates Mission
- Media/PR – Communications

Member Signature

Staff/Executive Committee Member

Date

Date