

## Coalition Membership Agreement

Name \_\_\_\_\_ E-mail \_\_\_\_\_

I would like to become/continue to be a member of the (*name*) Coalition. In doing so I understand that I will receive meeting reminders and meeting minutes **plus** will receive informational mailings such as notices of upcoming events, meetings, training opportunities and news alerts on drug trends.

Do you give permission to be identified as a member of the Coalition (by name and/or photo) in any print, radio, or television coverage?  Yes  No

Are you interested in assisting the Coalition in providing educational presentations to interested community groups, businesses, etc.?  Yes  No

If yes, please check which groups you would be most interested in working with:  
 Parents,  Students/Youth,  Other (Please specify)

I am not able to be an *active* member at this time, but would be willing to serve as a *supporter*, providing technical assistance and/or materials related to the following topics:

I am not able to be an *active* member at this time, but would like to be added to the *extended* emailing list to receive notice of upcoming events, quarterly meetings, training opportunities, progress reports, news alerts on drug trends, etc.

I recommend that you provide Coalition information to the person(s) noted on the back of this sheet. (Please provide name, phone number or employer/place to contact.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date