



MEMBERSHIP INFORMATION FORM

Name: _____

What sector do you represent? (Please circle one.): Youth / Parent /
Business / Media / School / Law Enforcement / Youth Serving Organization/
Faith Organization / Civic Organization / Health Care / Substance Abuse /
Elected Official / Other - _____

Organization (if applicable) _____ Title _____

Mailing address: _____

Phone numbers: (any you prefer to be used) Work _____, cell _____
Home _____

E-mail: _____

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.

(See list of explanations about the committees on back. Committees vary on time commitment. There may be ad hoc committees for various needs as well. Goal is to have each member involved in some way beyond just the regular coalition meeting.)

Assessment

Youth Advisory

Planning

Fundraising

Policy

Membership

Marketing

Special Events

Other ways- please list: _____