Prevention Coalition for Success Membership Agreement

"Connecting our communities to reduce substance abuse and violent crime."

The Prevention Coalition for Success, in support of this mission, will:

- Provide information to you or your organization about activities and opportunities for collaborative work in a timely manner.
- Provide adequate notice of meeting dates and times and maintain records of meetings.
- Notify you or your organization about training opportunities of which the Coalition is aware.
- Notify you or your organization about grant opportunities of which the Coalition is aware.
- Provide data that the Coalition has accumulated in order that you or your organization may take advantage of grant and other opportunities.

Prevention Coalition for Success, Inc.
Membership Information

____ Individual: ____ Organization:

Name: _____ Title: _____

Phone: _____ Email: _____

Organization: _____

Please check all that apply:
____*Law enforcement*

____*Parent or grandparent: ___Elementary; ____ Secondary; ____College*

____*College Student*

____*Schools (teacher or staff): ___Elementary/Secondary; ___College*

____*Religious Organization; ____Fraternal Organization*

____*Business ____Media*

____*Government: ___ Federal; ___State; ___Local (County or City)*

____*Youth Serving Organization*

____*Civic or Volunteer Group*

____*Health Care Services*

I and/or my organization support the mission of the Prevention Coalition for Success and hereby agree to membership.

I and/or my organization will attend meetings and in addition would like to participate as follows (check all that apply):

____Youth Activities ____Public Outreach (speaking, writing)

____Fundraising/Marketing campaigns ____Data Collection/Needs Assessments

____Serving on a sub-committee ____Serving on the Advisory Board

_____Other _____

I understand that I will obtain voting member privileges at the next regular meeting of the Prevention Coalition for Success after the agreement is submitted.

_____(please initial*)

RELEASE OF INFORMATION

I AND/OR MY ORGANIZATION HEREBY GRANT PERMISSION TO THE PREVENTION COALITION FOR SUCCESS TO RELEASE MY NAME, ADDRESS, TELEPHONE NUMBER, AND E-MAIL ADDRESS TO THE MEMBERS IN GOOD STANDING OF THE PREVENTION COALITION FOR SUCCESS

Signature*: _____ Date: _____

*Electronic initials and/or signatures are accepted