

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* _____

Prevention Coalition for Success, Inc.
Membership Information

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