

Mohave Substance Abuse Treatment and Education Prevention Partnership (MSTEPP)

General Membership Application

(Please fill application out in its entirety)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Occupation: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Additional Comments: _____

My background experience is in (please check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Business/Profession | <input type="checkbox"/> Health Services (Behavioral) |
| <input type="checkbox"/> Law Enforcement/Courts | <input type="checkbox"/> Concerned Citizen | <input type="checkbox"/> Education/Administration |
| <input type="checkbox"/> Health Services (Physical) | <input type="checkbox"/> Elected Official | <input type="checkbox"/> Government Staff |
| <input type="checkbox"/> Student | <input type="checkbox"/> Faith Based | |

Expectations: *As a general member, I am aware that I must have an application on file with the coalition: and I will try to attend the general membership meetings.*

For questions, please contact Michelle Valandingham, Prescription Drug Overdose Prevention Program Coordinator at the Mohave County Department of Public Health, 700 West Beale Street, Kingman, AZ 86401. (928) 753-0794 ext 4336, michelle.valandingham@mohavecounty.us

