



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 Robert DeVries, Project Director, MSTEPP. 2730 E. Andy Devine Ave., Kingman, AZ 86401 (928) 279-7774 rdevries@mstepp.org



**Substance Abuse
Coalition Leaders
of Arizona**

