The Montgomery County Drug-Free Coalition Membership Application (please print)

In applying to become a member of the Montgomery County Drug-Free Coalition, I agree to support the mission of the Coalition by playing an active role in the prevention of drug abuse in Montgomery County, networking with local partners to share information, using opportunities to participate in Coalition activities, and providing input toward Coalition efforts.

**MEMBERSHIP IS FREE**

First Name: ___________________________________  Last Name: ___________________________________

Title: _______________________________________________________________________________________

Agency or Organization: ___________________________________________________________________________

Address: ___________________________________________________  Suite/Apt/etc.: ________________________

City: _________________________________________  State: ____________________  Zip: _____________________

Daytime Phone: ___________________________________  Mobile: _________________________________________

**A majority of the Coalition’s updates are emailed, would you please provide an email address:**

Email: ___________________________________________________________________________________________

Please circle which sector(s) of the community you represent:  Youth    -    Parent    -    Faith-based Organization - School    -    Business Organization    -    Local or State Government Agency    -    Law Enforcement    -    Healthcare    -    Youth Service Organization    -    Media    -    Civic or Volunteer group    -    Other Organization Addressing Substance Abuse

Please share the reason you would like to be part of the Coalition:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Please share any special skill or area of expertise you or your organization could bring to the Coalition:
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Optional: I would like to support the mission of the Montgomery County Drug-Free Coalition with my tax-deductible contribution of $ _____________________ made payable to the Montgomery County Drug-Free Coalition.

The Montgomery County Drug-Free Coalition is a registered 501(c)(3) public charity.

Signature: _______________________________________________________  Date: __________________________

Thank you for your interest and support! Please complete this form and return it to:

Montgomery County Drug-Free Coalition
345 West 2nd St.
Dayton, OH 45422
Email: info@mcdrugfree.org

(For Coalition Use Only)

☐ Information added to E-mail Contacts  ☐ Information added to Coalition Contact List