

## MONTGOMERY COUNTY DRUG-FREE COALITION

345 W. 2<sup>ND</sup> St. Dayton, OH 45422 (937) 985-2420 www.mcdrugfree.org

## 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:	
Agency or Organization:		
Address:	Si	uite/Apt/etc.:
City:	State:	Zip:
Daytime Phone:	Mobile:	
A majority of the Coalition's upda	ates are emailed, would you please provi	ide an email address:
Email:		
School - Business Organization Youth Service Organization - Me Please share the reason you would	-	Law Enforcement - Healthcare - er Organization Addressing Substance Abuse
	rea of expertise you or your organization	n could bring to the Coalition:
contribution of \$	ne mission of the Montgomery County Dru made payable to the Montgomer County Drug-Free Coalition is a registere	ry County Drug-Free Coalition.
Signature:		Date:
Thank you for you	r interest and support! Please complete	e this form and return it to:
	Montgomery County Drug-Free Coa 345 West 2 <sup>nd</sup> St. Dayton, OH 45422 Email: <u>info@mcdrugfree.org</u>	lition
	(For Coalition Use Only)	

☐ Information added to Coalition Contact List

☐ Information added to E-mail Contacts