



MONTGOMERY COUNTY DRUG-FREE COALITION

345 W. 2ND St. Dayton, OH 45422 (937) 496-3200

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: _____

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: EwaldA@mcohiosheriff.org

(For Coalition Use Only)

☐ Information added to E-mail Contacts

☐ Information added to Coalition Contact List