



Bay Area Alliance for Youth and Families
COMMUNITY MEMBERSHIP AGREEMENT
2020-2021

As a concerned community member and voting member of the Alliance, I commit myself and/or the agency I represent to participate in and/or support as many regularly scheduled coalition meetings and activities as possible. The Alliance will communicate with members regularly about strategies, projects, events, and initiatives to address substance abuse in the Bay Area community. The Alliance will collaborate with individuals, groups, organizations, and businesses to fulfill its mission.

This agreement is effective from date signed until August 31, 2021, and will be renewed annually. Please check all that apply.

- Friendswood Coalition Clear Creek Coalition Friendswood JH SALSA Clear View HS SALSA

Member Name	Organization/Business Name (if applicable)	
Street Address	City, State, Zip	Birthday (month/day)
Phone Number	Email Address	
<i>Member Signature</i>	<i>Date</i>	<i>Alliance Signature</i>

Please select the SECTOR to which you associate yourself:

- | | | |
|---|---|---|
| <input type="checkbox"/> Parent
<input type="checkbox"/> School
<input type="checkbox"/> Youth (18 & under)
<input type="checkbox"/> Young Adults
<input type="checkbox"/> Recovery Community | <input type="checkbox"/> Business
<input type="checkbox"/> Healthcare Professional
<input type="checkbox"/> Civic/Volunteer Group
<input type="checkbox"/> Law Enforcement Agency
<input type="checkbox"/> Religious/Fraternal Organization
<input type="checkbox"/> Youth-Serving Organization
<input type="checkbox"/> Education Service Centers (ESCs) | <input type="checkbox"/> Local Mental Health Authorities (LMHAs)
<input type="checkbox"/> Media
<input type="checkbox"/> State, Local, or Tribal Government Agency with expertise in the field of substance abuse
<input type="checkbox"/> Other Organization (involved in reducing substance abuse) |
|---|---|---|

I pledge to participate in at least one of the following: (check all that apply)
A Committee Chair will reach out to you regarding participation/meetings

_____ Serve on a sub-committee of the coalition:	
_____ Strategic Planning/Evaluation Committee	_____ Membership Committee
_____ Faith-based Committee	_____ Resource Development Committee
_____ SALSA (Student Adult Leadership Service Alliance)	_____ On the Road for a Reason Fun Run Committee
_____ Help sponsor/donate items/volunteer at the following yearly event (s):	
_____ Medication Take-Back events (Fall & Spring)	_____ Alliance Fundraisers (ongoing)
_____ Alliance Programs & Events, (ongoing)	_____ Clear View Project Graduation (June)
_____ Love Above Week at CVHS	_____ Circle of Care Adult Volunteer
_____ Dancing with the Stars -Bay Area (Spring)	
_____ Contribute through volunteer time at events, usable in-kind resources or monetary donations	
_____ Other (please specify): _____	

Membership Dues (OPTIONAL)

This assists with program costs such as a SALSA Lunch Meetings at Friendswood JH, a Take Back Site, Community Presentations on current drug and alcohol trends, or a Circle of Care at Clear View HS

- Seniors (65+) Member = \$10
- Individual Member = \$20
- Non-Profit Organization = \$50
- Regular Business Member = \$100
- Youth Member (18 & under) = Complimentary

The following Memberships include: a listing on the PowerPoint at each Alliance meeting, a listing on the back of the Agenda at each Alliance meeting, a listing in the Alliance Monthly Newsletter, and a "shout out" on social media

- Heart of the Alliance Member = \$300
- Hand of the Alliance Member = \$600 (Also has the opportunity to bring SWAG to one General Meeting)
- Soul of the Alliance Member = \$1200 (Also has the opportunity for a spotlight table at one General Meeting)

Save and send as an attachment to JLobaugh@ccisd.net

Submit form to: Bay Area Alliance, 2903 Falcon Pass., Houston, TX 77062 or e-mail JLobaugh@ccisd.net