



Membership Application (please print)

In applying to become a member of the Warwick Valley Prevention Coalition I agree to support the mission of the Coalition and play an active role in the prevention of alcohol and other drug abuse in Warwick; network with local partners to share information; use opportunities to participate in Coalition activities; and provide input on Coalition efforts. Membership is free.

Application for: (check one) **Individual Membership** _____ **Organizational Membership** _____
(For Organizational Membership, please have form completed by the primary representative.)

Please indicate below your level of participation. (Check one)

Full Membership:
General member is one who is interested in the Coalition, wants to receive information and will assist with in-kind services and/or outreach if called upon and available. May also attend monthly meetings when able and/or join a subcommittee.

Work Group: A work group committee member is one who is committed to attending monthly meetings and assisting with its efforts on one of the committees for Substance Misuse, Communication & Outreach, Law Enforcement & Safety and/or Technology & Data (Circle a committee work group.)

First Name: _____ **Last Name:** _____

Title: _____

Agency or Organization Name: _____

Address: _____ **Suite, apt. etc.:** _____

City: _____ **State:** _____ **Zip:** _____

Daytime phone: _____ **Alternate phone:** _____ **OK to text?** Y N

As the majority of the Coalition’s updates and reminders are communicated electronically, we request that all active members provide an E-mail address: _____

Please explain below why you are seeking membership on the Coalition and which sector(s) of the community you represent (e.g. youth, parent, faith, school, business, local or state government agency, law enforcement agency, healthcare, other organization addressing substance abuse, family or youth service organization, or media.)

Please share any special skill, service or area of expertise you or your organization bring to the Coalition.

Signature: _____ **Date:** _____

Thank you for your interest and support! Please complete this form and return it to: Francesca Bryson, Coordinator, WVPC c/o Warwick Valley Community Center, 11 Hamilton Avenue, Warwick, NY 10990