



## Member Agreement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Birthday (month/day): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please describe your interest in the coalition:

---

---

---

### Community Sector/Organization Represented:

- |   |   |
|---|---|
| <input type="checkbox"/> Youth                        | <input type="checkbox"/> Justice/Corrections                                |
| <input type="checkbox"/> Parents                      | <input type="checkbox"/> Religious or Fraternal Organizations               |
| <input type="checkbox"/> Under-Represented Population | <input type="checkbox"/> Civic and Volunteer Groups                         |
| <input type="checkbox"/> Business                     | <input type="checkbox"/> Healthcare Professionals                           |
| <input type="checkbox"/> Media                        | <input type="checkbox"/> State, Local, Tribal Government                    |
| <input type="checkbox"/> School                       | <input type="checkbox"/> Other Organization involved in reducing ATOD abuse |
| <input type="checkbox"/> Youth Serving Organizations  |   |
| <input type="checkbox"/> Law Enforcement Agencies     |   |

### Skills you can contribute: (please circle)

Research and data collection	Creative brainstorming	Marketing / Communications
Administrative	Educating public and parents	Social media
Data analysis	Public speaking	Web design
Strategic planning	Engaging youth	Other(s) : _____
Event planning	Speaker Committee (Coffee Talks / Community Conversation)	_____
Policy Committee	ACEsMN Committee	_____

---