

## **MEMBERSHIP APPLICATION FORM**

Yes, I/We agree with the goals of the Partnership For A Healthy Scott County, Inc. Coalition and its multifaceted approach to alcohol, tobacco and other drug prevention: community action and empowerment initiatives, educational interventions, public policy initiatives, and media efforts. I pledge to fight to work to reduce the onset of alcohol, tobacco and other drug use as well as work to assist in providing assistance to residence that are identified as low-income and at-risk .

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

(Please print)

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

Organization: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

May we list your organization as a coalition member in local literature?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

I will support the Coalition in the following areas:  
*(check all that apply)*

\_\_\_\_\_ Providing volunteers to help conduct Coalition events.

\_\_\_\_\_ Supporting Coalition activities with donations of funding or in-kind goods & services.

\_\_\_\_\_ Hosting or sponsoring a Coalition event or program.

\_\_\_\_\_ Printing or photocopying Coalition materials.

\_\_\_\_\_ Including Coalition information in our publications.

\_\_\_\_\_ Providing materials for distribution through the Coalition's activities.

\_\_\_\_\_ Serving on a general speaker's bureau; may include a particular risk area of your interest

\_\_\_\_\_ Mailing information to our members, staff, and supporters.

\_\_\_\_\_ Other: \_\_\_\_\_

I understand the acceptance of this application by the Coalition does not constitute permission to use of any PHSC logo, name, or materials without first receiving approval from the PHSC Executive Staff Members.

**All Membership Application should be submitted to PHSC, Post Office Box 329, Forest, MS 39074**