



MEMBERSHIP FORM

Mission: To engage diverse sectors of the community in collaborative, cross-cultural and comprehensive substance abuse prevention efforts that result in a reduction of underage substance use and abuse in the City of Alexandria.

Goals: (1) Establish and strengthen collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance use among youth. (2) Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

Name _____ Today's Date _____

E-mail _____ Phone _____

Mailing address _____

How did you hear about us? _____

Mark the **ONE** category that best describes the area you represent:

- | | |
|--|--|
| <input type="checkbox"/> Youth | <input type="checkbox"/> Media |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other Organization involved in reducing substance abuse |
| <input type="checkbox"/> Health Organization | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Business | <input type="checkbox"/> Faith-Based |
| <input type="checkbox"/> Government | <input type="checkbox"/> Civic/Volunteer Group |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Youth Serving Organization |

Areas of Interest:

- | | |
|---|--|
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Communications/Marketing |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Fund Development/Sustainability |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Other _____ |

About You! (Experience in substance abuse prevention field, educational background, community affiliations, special interests and accomplishments):

I, _____ agree to serve as an active member of the Substance Abuse Prevention Coalition of Alexandria

As an active member of SAPCA, I agree to help SAPCA by doing one or more of the following:

- Involving youth in decision making, discussions and programming
- Working to create opportunities for youth development
- Serving as an advocate and partner for SAPCA and its policies
- Participating in one of SAPCA's Workgroups

Signature

Date

Please send or email this form to:
Substance Abuse Prevention Coalition of Alexandria
123 N Pitt St, Suite 225
Alexandria, VA 22014
aclomax@aol.com

Substance Abuse Prevention Coalition of Alexandria Board Member Application

(Complete only if you are a nominee for the Board)

1. Why do you want to serve on SAPCA's Board?

2. Please provide a 1-2 paragraph biography of yourself to be printed in the SAPCA Board Election Ballot.