



Member Agreement

Mission: The Make A Promise Coalition is dedicated to improving the quality of life for all who live or work in Warren County by building partnerships of community stakeholders who are dedicated to developing comprehensive prevention programs, focusing on preventing youth alcohol, drug use, and other problems while reinforcing positive and responsible lifestyle choices.

Membership Opportunities Include:

- Coalition meetings with input into decision making
- Participation in Coalition projects, committees and/or service provision
- Joint planning resulting in a common vision, goals and objectives
- Information, data & resource sharing
- Formal structure in place to quickly respond to funding opportunities
- Formal evaluation of Coalition services and efforts
- Resources for addressing community concerns
- Forum for disseminating information
- Participation in Coalition projects by leading activities, volunteering and sponsoring events

Agreement:

I would like to be included as a **Coalition Member** and grant permission for myself and/or my organization name to appear on membership lists.

My membership represents: (please circle primary affiliation and check all others)

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Youth | <input type="checkbox"/> Youth Serving Organization | <input type="checkbox"/> Media | <input type="checkbox"/> Governmental Agency |
| <input type="checkbox"/> School | <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Individual | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Civic/Fraternal Organization | <input type="checkbox"/> Health Care | <input type="checkbox"/> Volunteer Group |
| <input type="checkbox"/> Business | <input type="checkbox"/> Mental Health/Substance Abuse | <input type="checkbox"/> Cultural | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neighborhood Association | | | |

Name _____ Date _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ Email _____

Please return to Make A Promise Coalition, P. O. Box 820691, Vicksburg, MS 39182, or fax to 601-634-0234.