



## 2015 Active Membership Form

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

Agency: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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

Telephone/Extension: \_\_\_\_\_

Fax: \_\_\_\_\_

In which area do you primarily work? (circle answer)

Prevention

Treatment

Criminal Justice

Which subcommittee would you be interested in serving on? (circle all that apply)

Membership

Prevention

Treatment

Criminal Justice

Additional Information: