



2015 Agency Membership Form

Agency Information:

Name: _____

Address: _____

Telephone: _____ Fax: _____

Agency Representatives:

Representative #1

Representative #2

Name: _____

Title: _____

Email: _____

Phone: _____

Which of the following areas would your agency represent? (circle all that apply)

- State Official Treatment Provider Healthcare Media Youth
Parents Fraternal Religious Education Business Criminal Justice
Youth Serving Organization Civic/Volunteer

In which area does your agency primarily work? (circle answer)

- Prevention Treatment Criminal Justice

* Please note: A new form must be completed should one of the two names listed above change for any reason. Only the attendance of individuals listed as representatives count toward eligibility to apply for future grant cycles.