



It's Time

To turn the tide on underage drinking and drug use!

Membership Form

Complete and mail to: 6868 SW Sandburg St., Tigard, OR 97223
More info: 503-431-4022 / cramaekers@ttsd.k12.or.us

In applying to become a member of Tigard Turns the Tide, I agree to support the mission of Tigard Turns the Tide and play an active role in the prevention of alcohol and other drug abuse in the City of Tigard; network with local partners to share information; use opportunities to participate in Coalition activities; and provide input on Coalition efforts.

Membership is free.

Application for: Individual Business/Organization (Have form completed by the primary business/organization representative.)

Indicate the level of participation you wish to commit to (check one):

General Membership

Interested in the Coalition, wants to receive information and will assist the Coalition with in-kind services and/or outreach if called upon and available. May also attend Board meetings when able and/or join a subcommittee.

Board Membership

Committed to attending a majority of the Coalition's monthly meetings and assist with its efforts as needed and may also participate in a subcommittee.

Name

Agency/Organization/Affiliation

Address

Title/Position

Daytime Phone

E-mail

Evening Phone

Please explain below why you are seeking a membership and which sector(s) of the community you represent (e.g. youth, parent, faith, school, business, local or state government agency, law enforcement agency, healthcare, other organization addressing substance abuse, family or youth service organization, or media).

What skill, special services or areas of expertise will you or your organization bring to the Coalition?

Although I am unable to participate at this time, I support the mission of Tigard Turns the Tide.

Enclosed is my tax-deductible contribution of \$ _____

Potential Member Signature

Date