



M E L R O S E
S U B S T A N C E A B U S E
P R E V E N T I O N C O A L I T I O N

Melrose Substance Abuse Prevention Coalition

Our vision: We envision a Melrose that is a safe, healthy, and resourceful community—one that embraces substance abuse prevention efforts and is united on the path to positive solutions.

Our mission: The Coalition is dedicated to improving the quality of life for all in Melrose by fostering evidence-based substance abuse prevention strategies. Working collaboratively and providing resources, we take a leadership role in combating this problem by offering HOPE...health, outreach, prevention, and education.

FY'11 Associate Membership Agreement

MSAPC ASSOCIATE MEMBERSHIP requirements:

- Complete this membership agreement
- Attend monthly meetings of the Coalition *if/when possible*
- Provide support, information, or other assistance to help the Coalition achieve goals *if/when possible*

MSAPC ASSOCIATE MEMBERSHIP benefits include:

- Receipt of coalition meeting invitations, minutes, agendas, updates, monthly reports, and other email communications from Coordinator/Administrator
- Opportunity to participate in trainings, coalition development opportunities and strategic planning as they arise
- Access to data on youth and adult behaviors and attitudes around health and substance abuse, and
- When available, support for programming and funding opportunities that fit with the MSAPC mission.

As an active ASSOCIATE COALITION member, I agree to fully support the vision and mission of the MSAPC. My membership may be terminated at any time upon written notice to the Coordinator.

Printed name

Signature

Date

Please fill in your contact information below.

*Check the **one** sector (either under Individual OR Organization) that best categorizes you*

INDIVIDUAL

Youth ____

Parent ____

Other ____

ORGANIZATION

Business community ____

Media ____

Schools ____

Youth-serving organizations ____

Law enforcement agencies ____

Religious or fraternal organizations ____

Civic and volunteer groups ____

Healthcare professionals ____

State/ local governmental agencies with expertise in the field of substance abuse ____

Other organizations involved in reducing substance abuse ____

If not *INDIVIDUAL* → Organization Name: _____

Your name: _____ Credentials (PhD, MD, etc): _____

Address 1: _____ City: _____

State: _____ Zip: _____

Email Address: _____

Phone#: ***Please circle your preferred contact number**

Home: _____

Cell: _____

Work: _____

Fax #: _____

Y N

Permission to share your contact information with other Coalition members?

Please allow me to access any Coalition data or documents online.

Local organization affiliations: _____

(Are you a member or on the board of other Melrose groups?)

Please check any additional items you feel you have the skills to assist with as a member.

- Events*: assist with community events
- Literature/Brochures in community*: participate in information dissemination in community
- Mailings*: assist with targeted mailings
- Photography*: take pictures of Coalition events/initiatives/members/etc
- Public/Media Relations*: write, review, and/or coordinate Coalition newspaper submissions and other PR
- Presentations*: assist with community presentations
- Other*: _____

What skills would you like to develop being a part of this group?

Approximate number of hours you are able to commit as a member per month:

_____ hours/month

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Media Release:

I, _____, grant permission to the Melrose Substance Abuse Prevention Coalition to use my photograph or have my name featured in any local print media or on the City of Melrose website related to my participation with the Coalition.

Signature: _____

If under 18: _____
(Parent or Guardian Signature)

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If you have any questions or concerns, please contact Janet at jnevin@cityofmelrose.org or (781) 979 - 4130.

Please return completed form to the Melrose Health Department, 562 Main St, Melrose.