

Membership Application

Name: _____ Date: _____

Sector:

	1. Parents		7. Media
	2. Youth		8. Religious/Fraternal Organizations
	3. Business		9. Schools
	4. Civic/Volunteer Group		10. State, Local, Tribal Government Agencies
	5. Healthcare Professionals		11. Youth Serving Organizations
	6. Law Enforcement Agency		12. Substance Abuse Prevention/Treatment
			13. Other Community Volunteer

<u>Organization(s)</u>	<u>Title</u>	<u>Official Representative?</u>

Email(s): _____

Phone: _____ Fax: _____

Address: _____

What skills/knowledge/interests could you contribute to TAC?