

Substance Abuse Prevention Advisory Coalition  
(SAPAC)

**APPLICATION FOR MEMBERSHIP**

<b>Section I. Individuals who are applying for membership as a representative of an organization/agency</b>	
Name of Prospective Member:	
If representing an organization/agency, legal name of organization/agency:	
If representing an organization/agency, legal address of the organization/agency:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
If representing an organization/agency, your individual contact <b>telephone number:</b> →	
If representing an organization/agency, your <b>FAX number:</b> →	
If representing an organization/agency, your <b>email address:</b> →	
<b>Section II. Individuals who are applying for membership and representing sectors of the population other than an organization/agency</b> (individual, youth (18 or under), parent, business community, media, school, youth serving organization, law enforcement agency, religious or fraternal organization, civic or volunteer group, healthcare professional, a state, or local governmental unit).	
Name of Prospective Member:	
Legal address:	
Sector you are representing (see above): →	
Contact <b>telephone number:</b>	<b>FAX number:</b>
<b>Cell phone number:</b>	Email address:
<b>Section III. All Prospective Members:</b> What is your interest in problems associated with substance abuse prevention?	
<b>Signature of Prospective Member:</b> _____	<b>Date:</b> _____
<b>For SAPAC Chairperson's Use Only:</b>	
This application for SAPAC membership voted on by a quorum vote of SAPAC on : ____ / ____ / ____	This application for SAPAC membership was: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved
<b>Signature of SAPAC Chairperson:</b> _____	<b>Date:</b> ____ / ____ / ____