



**Regional Alliance for Substance Abuse Prevention  
Membership Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Please like us on facebook!

Sector: check all that apply

Youth     Parent     Civic Organization     Citizen     Health

Youth Serving Organization     Law Enforcement     Local Government

Recovery/SA     Faith-Based     Education     Human Services

What talents, skills or resources do you possess that can benefit RASAP?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can RASAP do to help you and your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a member you are required to participate in one or more committee please check one or more committee.

Capacity-increase membership, strategic planning, needs assessment and training

Community Impact-plan and develop events, activities and strategies (includes marketing)

Finance/Fund Development-budget, plan develop fundraising and research grants

\_\_\_\_\_

Signature