



## Membership Application

<b>Full Name:</b>			
<b>Organization:</b>			
<b>Address:</b>			
<b>City:</b>			
<b>State:</b>		<b>Zip:</b>	
<b>Email:</b>			
<b>Phone:</b>		<b>Alt. Phone:</b>	
<b>Fax:</b>		<b>Website:</b>	

### Personal/Professional Affiliation: (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Social Service Prevention   | <input type="checkbox"/> Civic Group: _____      |
| <input type="checkbox"/> Social Service Intervention | <input type="checkbox"/> Media                   |
| <input type="checkbox"/> Social Service Treatment    | <input type="checkbox"/> Elected Official        |
| <input type="checkbox"/> Youth Serving Organization  | <input type="checkbox"/> Higher Education        |
| <input type="checkbox"/> Law Enforcement             | <input type="checkbox"/> Grassroots Organization |
| <input type="checkbox"/> Government                  | <input type="checkbox"/> Faith Community         |
| <input type="checkbox"/> Health/Medical              | <input type="checkbox"/> Business                |
| <input type="checkbox"/> Youth                       | <input type="checkbox"/> Parent                  |
| <input type="checkbox"/> Other: _____                |  |

**Area(s) of Expertise: (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Planning Events                | <input type="checkbox"/> Recruitment         |
| <input type="checkbox"/> Program Development            | <input type="checkbox"/> Strategic Planning  |
| <input type="checkbox"/> Media Relations                | <input type="checkbox"/> Advisory            |
| <input type="checkbox"/> Community Event Volunteer      | <input type="checkbox"/> Public Policy       |
| <input type="checkbox"/> Community Organizing           | <input type="checkbox"/> Obtaining Resources |
| <input type="checkbox"/> Grant Writing                  | <input type="checkbox"/> Outreach            |
| <input type="checkbox"/> Information Sharing/Networking | <input type="checkbox"/> Other: _____        |

**Ethnic Background: (Optional)**

- |   |  |
|---|--|
| <input type="checkbox"/> Asian/Asian American             | <input type="checkbox"/> Black/African/African-American  |
| <input type="checkbox"/> Hispanic/Latino/Mexican-American | <input type="checkbox"/> Native American/American Indian |
| <input type="checkbox"/> White/Anglo-American/Caucasian   | <input type="checkbox"/> Other: _____                    |