

**DRUG-FREE ASHLEY COUNTY (D-FAC) COALITION
ADULT MEMBERSHIP FORM**

Name of individual: _____

Name of organization, school, civic group, etc. _____

Title or Position: _____ Email: _____

Street or mailing address: _____

City, State, Zip: _____

Phone () _____ FAX: () _____

Choose the sector you most prefer to work as a part of:

- | | |
|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> School/Education |
| <input type="checkbox"/> Civic/Volunteer Organization | <input type="checkbox"/> Religion/Faith-Based Organization |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> State/Local Government Agency |
| <input type="checkbox"/> Law Enforcement/Judicial Member | <input type="checkbox"/> Substance Abuse Treatment Provider |
| <input type="checkbox"/> Media | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Parent/Grandparent | <input type="checkbox"/> Youth-Serving Organization |

Indicate the Type of Membership Desired:

___ **Active Member:** An active member must be a resident of or employed in Ashley County, Arkansas. Active members must attend a minimum of six (6) monthly meetings (face-to-face or Zoom) and be actively involved in the work of the Coalition. Active members have voting rights that can be revoked if attendance falls below the required threshold. (See page 2 for Active Member Statement of Responsibility.)

___ **Supporting Member:** A supporting member is one who may not be able to attend all meetings regularly, but is familiar with the work of the Coalition, supports prevention efforts, and has a vested personal or professional interest in the community. Supporting members have no voting rights; however, if meeting attendance through face-to-face or Zoom reaches a total of three (3), a supporting member has one vote.

___ **Extended Member:** An extended member is not necessarily aware of the day-to-day work of the Coalition, but is an individual or community leader who may need to be contacted occasionally regarding specific prevention issues and/or for specific tasks.

Signature: _____ Date: _____

THIS FORM CAN BE RETURNED TO:

Janie Carter at email: carterdfc@gmail.com; phone: 870-415-0139; or FAX: 870-364-5707

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ADULT MEMBERSHIP FORM**

ACTIVE MEMBER STATEMENT OF RESPONSIBILITY

As an active D-FAC Coalition member, I do hereby commit to the following general expectations:

- 1. Know the Coalition's vision, mission, programs, and services and continually work to develop and implement strategies, goals, policies, and procedures that promote the vision/mission.**
- 2. Work to attract new members who can make significant contributions to the work of the Coalition and reflect the diversity of the community.**
- 3. Fulfill commitments made and willingly undertake special assignments.**
- 4. Consider serving in leadership positions.**
- 5. Stay informed and follow the trends that could impact the vision/mission of the Coalition.**
- 6. Serve the community as a whole rather than any special interest group.**
- 7. Avoid the appearance of a conflict of interest that might negatively affect the Coalition and disclose any possible conflicts to the Coalition in a timely manner.**
- 8. Prepare for and participate in meetings.**
- 9. Serve on at least one committee.**
- 10. Assist with Coalition projects and fundraising activities.**
- 11. Professionally reflect my membership in the Coalition by my actions within the community.**
- 12. Refrain from entering into any contract or incurring any debt on behalf of the Coalition.**

Signature: _____ **Date:** _____

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