



# COALITION MEMBERSHIP AGREEMENT

Underage Drinking | Marijuana & Prescription Drug Abuse | Suicide Prevention

(Please print clearly)

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TITLE: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

AGE RANGE:  <19  19-20  21-24 GENDER:  Male  Female

25-44  45-54  55-64  65+  \_\_\_\_\_

ETHNICITY:  Hispanic/Latino  Not Hispanic/Latino  Ethnicity Unknown

RACE:  Black/AA  AI/AN  Asian  White  NH/PI  Other

More than one race  Unknown

**Please identify the primary community sector(s) that you personally represent: (check only one)**

- Youth (under 18)
- Parents
- Business
- Media
- Schools
- Youth Serving Organization
- Law Enforcement
- Civic/Volunteer Organization
- Religious/Fraternal Organization
- Healthcare Professional
- Tribal, State, Local Government
- Substance Abuse Organization
- Other: \_\_\_\_\_

**Please indicate resource or services that you or your organization can provide for the UICAZ: (check all that apply)**

- Host or sponsor a UICAZ meeting or event
- Advertising for UICAZ events within the community
- Professional training for UICAZ members – Please list topic: \_\_\_\_\_
- Educational presentation for UICAZ members & community – Please list topic: \_\_\_\_\_
- Providing volunteers to assist with UICAZ events
- Other: \_\_\_\_\_

**I am interested in becoming a member of the following work groups/committees\*:**

- Training & Workshops Subcommittee
- Recruitment & Outreach Subcommittee
- Suicide Prevention Subcommittee
- Urban Indian Child Welfare Subcommittee

*\*Work Groups/Committees are subject to change pending coalition member approval on a yearly basis.*

**I am interested in assisting UICAZ with the following activities: (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Policy Change                           | <input type="checkbox"/> Youth / School Activities            |
| <input type="checkbox"/> Data Collection / Assessment            | <input type="checkbox"/> Dissemination of Media / Information |
| <input type="checkbox"/> Cultural Awareness Education & Outreach | <input type="checkbox"/> Strategic Planning                   |
| <input type="checkbox"/> Evaluation Program Development          | <input type="checkbox"/> Other: _____                         |

**Please indicate what benefits of the UICAZ membership do you find valuable: (Check all the apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Professional Networking Exhibit Opportunities | <input type="checkbox"/> National / Regional Conferences |
| <input type="checkbox"/> Training Resources for Expanded Services      | <input type="checkbox"/> Other: _____                    |

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**Local coalition membership in the Urban Indian Coalition of Arizona (UICAZ) is open to any local Community member that endorses the UICAZ's vision and mission.**

**Local coalition members will receive:**

- Coalition building technical assistance, as needed.
- Access to current substance abuse information.
- The opportunity to participate in the implementation of the UICAZ Strategic Plan.
- The expertise of numerous organizations from various locations in Maricopa County working together on issues affecting the health and wellness of the Urban American Indian families.
- Invitations to attend and/or present at annual UICAZ meetings or other events.

**Local coalition responsibilities include, yet not limited to:**

- Implement local Strategic Plan activities.
- Attend county wide UICAZ monthly meetings.
- Discuss local activities, share resources, and identify collaboration opportunities between/among community representatives.

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Please initial here if you **DO NOT** want your contact information shared with other coalition members. \_\_\_\_\_

Please indicate if UICAZ has permission to list you as a UICAZ member  YES  NO

Does UICAZ have permission to list your organization/company as a Community Partner?  YES  NO

Please indicate your t-shirt size  S  M  L  XL  2XL

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By signing, I hereby agree with and support the mission of Urban Indian Coalition of Arizona (UICAZ) by participating in the coalition initiatives, attending the meetings, assist with ongoing assessments & planning, implementation of initiatives and other UICAZ measures/actions as needed. Also, I grant permission to UICAZ to be listed as a member, unless told otherwise to the UICAZ Coordinator either verbally or in writing.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature