

MEMBERSHIP APPLICATION FOR MISSISSIPPIANS AGAINST UNDERAGE DRINKING

APPLICANT INFORMATION

Name:

Phone:

Email:

Mailing address:

City:

State:

ZIP Code:

AGENCY INFORMATION

Agency:

Sector:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

ARE YOU A MEMBER OF A DRUG-FREE TASK FORCE OR COMMUNITY COALITION

Name of Organization:

County or Counties Involved:

Website:

Type of Funding used:

Email:

SUBCOMMITTEE INVOLVEMENT

Please check which Subcommittee you would like to be involved with. You may check more than one.

Communication

Public Policy

Recruitment

Recruitment

Social Media

Strategic Planning

Youth

HOW DID YOU HEAR ABOUT US?

Friend

Co-Worker

Internet

E-mail

Newspaper

TV

Radio

MAAUD Member

Other