



**COALITION WORKGROUP
REGISTRATION FORM**

Would you like to be a member? Yes: ____ No: ____ Receive emails only: ____

Which workgroup are you interested in? Please circle

- Media/Marketing/Education
- Families/Neighborhood
- Faith
- Higher Education
- Youth
- Drug Free Workplace/Business
- Treatment/Intervention & Recovery
- Addictions & Disabilities

Please fill in the blanks:

Your Name: _____

Email Address: _____ Age: (If under 18) _____
(VERY IMPORTANT)

Phone Number: _____ Work Number: _____

Mailing Address: _____

City, State, Zip: _____