



Parents Matter Central South Dakota  
Coalition Membership Agreement

Name \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_ I would like to become/continue to be a member of the parents matter Coalition. In doing so I understand that I will receive meeting reminders and meeting minutes *plus* will receive informational mailings such as notices of upcoming events, meetings, training opportunities and news alerts on drug trends.

Do you give permission to be identified as a member of the Coalition (by name and/or photo) in any print, radio, or television coverage? \_\_\_Yes \_\_\_No

Are you interested in assisting the Coalition in providing educational presentations to interested community groups, businesses. etc.? \_\_\_Yes \_\_\_No

If yes, please check with groups you would be most interested in working with:

\_\_\_ Parents \_\_\_ Students/Youth \_\_\_ Other (Please specify)

\_\_\_\_ I am not able to be an *active* member at this time, but would be willing to serve as a *supporter*, providing technical assistance and/or materials related to the following topics:

\_\_\_\_ I am not able to be an *active* member at this time, but would like to be added to the *extended* emailing list to receive notice of upcoming events, quarterly meetings, training opportunities, progress reports, news alerts on drug trends, etc.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please join us in continuing to make our communities of Pierre/Fort Pierre a healthier and safer place to live.**

Please return: Ruby Douglas, SPF-SIG Project Director  
Parents Matter CSD Coalition  
% Growing Up Together  
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