



Shelby Huston
Coalition Coordinator
STAR Council

Courtney Bowen
President
Tanglewood Pharmacy

**Open Membership
Positions:**

Vice President

Secretary

Treasurer

Membership Card

As a concerned member of the Community and voting member of the coalition, I commit myself and/or the agency I represent to participate in and/or support as many regularly scheduled coalition meetings and activities as possible.

****This agreement is effective from date signed until August 30, 2021 and will be renewed annually.****

Member Name: _____ Organization/Business Name: _____

Street Address: _____ City, State, Zip: _____

Phone Number: _____ Email Address: _____

Please select the sector to which you associate yourself:

- | | | |
|---|--|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Youth (18 & Under) | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> State or Local Government | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> School | <input type="checkbox"/> Business | <input type="checkbox"/> Civic/ Volunteer Group |
| <input type="checkbox"/> Religious/Fraternal Organization | | <input type="checkbox"/> Media |

I pledge to participate in at least one of the following: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Serve on a Task Force of the Coalition | |
| <input type="checkbox"/> Advertising/Promotions | <input type="checkbox"/> Prescription Drug Abuse |
| <input type="checkbox"/> Youth Task Force | <input type="checkbox"/> New Member Task Force |
| <input type="checkbox"/> Tarleton State Task Force | <input type="checkbox"/> Strategic Planning Task Force |
| <input type="checkbox"/> Help sponsor/donate items at special events throughout the year | |

Donation: (Tax Deductible)

I would like to include a donation in the amount of \$ _____ .

Signature

Date

Witness Signature