



## PARTNERSHIP AGREEMENT

**Mission** To mobilize community resources in an effort to reduce the harmful impact of alcohol, tobacco, and other drug abuse in our youth within our communities.

**Vision** To provide a community where youth are respected, appreciated, and provided the opportunity to live safe and healthy lives.

<i>Last Name</i>	<i>First Name</i>
<i>Agency</i>	<i>Position</i>
<i>Mailing Address</i>	<i>City</i> <span style="float: right;"><i>Zip</i></span>
<i>Phone Number</i>	<i>Fax Number</i>
<i>E-mail Address</i>	<i>Website</i>

Please select the items you *do not* wish to be added to our Membership Directory:

- Name   
  Email Address   
  Mailing Address   
  Phone Number

Please select the community you represent:

- |                                   |                                       |                                       |  |
|-----------------------------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Alvin    | <input type="checkbox"/> Danbury      | <input type="checkbox"/> Manvel       | <input type="checkbox"/> Surfside      |
| <input type="checkbox"/> Angleton | <input type="checkbox"/> Freeport     | <input type="checkbox"/> Oyster Creek | <input type="checkbox"/> Sweeny        |
| <input type="checkbox"/> Brazoria | <input type="checkbox"/> Lake Jackson | <input type="checkbox"/> Pearland     | <input type="checkbox"/> West Columbia |
| <input type="checkbox"/> Clute    | <input type="checkbox"/> Liverpool    | <input type="checkbox"/> Richwood     |  |

Please select the community sector(s) you represent:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Business Community  | <input type="checkbox"/> Health Care Professional | <input type="checkbox"/> Youth (under 18)             |
| <input type="checkbox"/> Civic or volunteer group  | <input type="checkbox"/> Law Enforcement          | <input type="checkbox"/> Young Adult (18-24)          |
| <input type="checkbox"/> Community Organization serving youth                                  | <input type="checkbox"/> Media                    | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Concerned Citizen   | <input type="checkbox"/> Parent                   |   |
| <input type="checkbox"/> Faith Community   | <input type="checkbox"/> Recovery Community       |   |
| <input type="checkbox"/> Governmental agency<br><i>(including elected/appointed officials)</i> | <input type="checkbox"/> Schools/Education        |   |

- Yes, add me to your mailing list.  
 No thanks, however I do support the Coalition and its efforts in the community.

**As a partner of the Galveston County Community Coalition, my benefits are:**

- Recognition in the membership directory as a supporter of a drug-free community.
- Access to free Coalition training and special events.
- Exclusive exhibitor and presenter opportunities at special events and Coalition meetings.
- Leadership opportunities within the Coalition and in standing or special committees.
- I understand there is no membership fee to join the Coalition.

**I agree to:**

- Update the Coalition on any changes or revisions of my role within the Coalition.
- Notify the Coalition, in writing, if I revoke my membership or the membership of my agency.

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*Member's Signature* *Date*

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*Coalition Coordinator's Signature* *Date*

