

# Vermont Drug and Alcohol Coalition

## Membership Registration July, 2010-June, 2011

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Member Type:** Choose one

Individual (\$20)

Group/Agency (\$50)

\*Please note: one membership =one vote at coalition meetings

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Once you have completed this form, please mail with payment to:

**Vermont Drug and Alcohol Coalition  
PO Box 993  
Montpelier, VT 05601**