



Membership Form

Contact Name: _____

Agency: _____

Position Title: _____

Street Address: _____

City/Town: _____

Contact Number: (____) _____

Email Address: _____

Website: _____

As a voting member of the Drug Free Coalition of Tippecanoe County my responsibilities include:

- Attend 50% of monthly meetings annually
- Actively participate in at least one (1) committee, and attend at least 50% of your chosen committee(s) meetings.

___ Plan Oversight Committee

Develops Comprehensive Community Plan and oversees grants

___ Data and Community Assessment Committee

The Community Data Assessment Committee has the responsibility of compiling the biennial epidemiological profile for Tippecanoe County providing data related to alcohol and other drugs and their impact. The data for the profile is collected from The Community Wellness Survey and the Community Perceptions Survey administered by the Coalition along with data from the Indiana Youth Survey results for the county and other local organizations. The profile is compiled in even numbered years.

___ Training and Outreach Committee

The training and outreach committee is involved with representing the coalition at various public events such as health fairs, the Mosey, etc. to connect with people and provide information about the dangers of substance abuse and resources available in the community. The committee also plans and coordinates the annual Overdose Awareness event.

___ Policy Advocacy Committee

Do you want to have a voice on mental health and substance use disorder legislation? Join the Legislative Committee to have your voice be heard. We meet the first Monday of every month at 10 am at MHA WVR

Signature of Voting Member: _____

Date: _____