Bay Area Alliance for Youth and Families

"One community committed to ending alcohol and drug abuse by youth."

COMMUNITY MEMBERSHIP AGREEMENT

Senior Advisory Council

Representative John E. Davis
State Representative
District 129

Daniel Cardinal DiNardo
Archbishop
Archdiocese of Galveston-Houston

Kathy Dooley
Community Management Solutions

Adrian Garcia
Sheriff
Harris County

Trish Hanks
Superintendent
Friendswood ISD

Sandra Mossman, Ed.D.
Former Superintendent
Clear Creek ISD

Freddie Poor
Sheriff
Galveston County

Greg Smith, Ph.D.
Superintendent
Clear Creek ISD

Julie Stevens, LCDC, CPS
Texas State Liaison
Center for Substance Abuse Prevention

Executive Officers

John Warnement
President
City of Webster

Leslie Wong
Vice President
Parent

Amanda McLauchlin
Coalition Manager

Denise Crouch
Drug Education Coordinator

Amy K. Killgore
Drug Education and CLEAR Facilitator

The mission of the Bay Area Alliance for Youth and Families is to unite and mobilize a community compelled to create an alcohol and drug-free culture for our youth.

Our main focus is to develop a healthier community by:

Organizing a community effort to address underage drinking and drug use;
Increasing community awareness of substance abuse concerns and resources that are available to address these concerns;
Decreasing access to alcohol and other drugs in the home, school, and community environments
Changing community norms by encouraging and supporting youth who have made an active commitment to be drug-free.
Increasing the enforcement of alcohol laws in the community and on school campuses; and

The Bay Area Alliance for Youth and Families promises to work collaboratively and cooperatively with community partners in a combined effort to meet the goals stated above.

As a concerned community member and voting member of the coalition, I commit myself and/or the agency I represent to attend and participate in as many regularly scheduled coalition General Meetings as possible.

In addition, I pledge to participate in <u>at least one</u> of the following: (check all that apply)

_____ Serve on a sub-committee of the coalition:
- _____ Parent Leadership/ CRAZY Mama Task Force
- _____ Program Development/Needs Assessment Committee
- _____ Capacity Building Committee
- _____ Faith-based Committee

_____ Help plan/sponsor/donate items at the following yearly event(s):
- _____ Red Ribbon Week events (Fall)
- _____ Family Fun Walk: "Assets in Motion" (Spring)
- _____ Community Summit (Spring)
- _____ CRAZY Mama events

_____ Contribute to the coalition through volunteer time at events, usable in-kind resources or monetary donations

_____ Other (please specify): _____

(TURN OVER)

900 Reseda, Bldg. B ◆ Houston, TX 77062 ◆ (281) 284-0370 ◆ www.ccisd.net/alliance

This agreement is effective from date signed until March 31, 2011 and will be renewed annually.

❑ *****Check here if you want your Membership Agreement to be AUTOMATICALLY RENEWED next January.***

_____
Organization/Business Name (if applicable)

_____
Contact Name

_____
Street Address

_____
City, State, ZIP

_____
E-mail Address

_____
Phone Number

In order to better understand the demographics and to make sure everyone in our community is represented, we would like to know the following information:

Check Your Age Range: *(optional)*

❑ 13-17
❑ 18-24
❑ 25-34
❑ 35-44
❑ 45-54
❑ 55-64
❑ 65 +

Ethnicity *(optional)*

_____

_____
Signature ***Date***

Please select the appropriate SECTOR to which you associate yourself with:

❑ Parent
❑ School
❑ Youth (18 & under)
❑ Business Community
❑ Healthcare Professional
❑ Civic and Volunteer Groups
❑ Law Enforcement Agency
❑ Religious/Fraternal Organization
❑ Youth-Serving Organization
❑ Media
❑ State, Local, or Tribal Governmental Agency with expertise in the field of substance abuse
❑ Other Organization (involved in reducing substance abuse)

MEMBERSHIP DUES

ANNUAL DUES: ***(Cash or *Checks Only)***

☐ **Seniors (65+) Member = $10**
☐ **Non-Profit Organization = $50**
☐ **Individual Member = $20**
☐ **Business Member = $100**
☐ **Youth Member = Complimentary**

**** Checks need to be made out to Clear Creek ISD.***

Donation: *(Tax Deductible)*

☐ **I would also like to include a donation for the amount of $_____**

Submit to: Bay Area Alliance, 900 Reseda, Bldg. B, Houston, TX 77062
Fax to 281-284-9953 or e-mail jlobaugh@ccisd.net