



2016 Membership Form

Membership for 2016 Calendar Year

Membership Categories (please select one)

<input type="checkbox"/> Coalition: Voting Active Members (\$150) <ul style="list-style-type: none"> • For Commission on Substance Abuse Prevention Coalitions • Must appoint one official member (1 vote) • Must pay annual dues 	<input type="checkbox"/> Associate: Non-Voting Individual (\$50) <ul style="list-style-type: none"> • Must pay annual dues 	<input type="checkbox"/> Associate: Non-Voting Organization (\$150) <ul style="list-style-type: none"> • Must pay annual dues
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Please fill out this section for Coalition/Voting Membership

Coalition Name	
Fiscal Agent Name(if applicable)	
Address	
City, State, Zip Code	
Website	
Official Representative Name/Title	
Phone	
Email	

Please fill out this section for Associate Membership

Organization	
Address	
City, State, Zip Code	
Website	
Official Representative Name/Title	
Phone	
Email	

Return form and check to: Florida Coalition Alliance, 2815 E Henry Avenue, Suite B-1 Tampa, FL 33610