

**The Blaine County Community Drug Coalition (BCCDC)  
Member Information**

**Personal Information**

Name_____	Hm Phone:_____	Cell:_____
Mailing Address:_____		
E-mail address_____		
What is the easiest way to contact you?_____		
What agency or sector do you represent?_____		

**Please explain why you are interested in participating in the Blaine County Community Drug Coalition.**

_____
_____
_____
_____

**What skills would you like to contribute in working with the Blaine County Community Drug Coalition?**

_____
_____
_____
_____

**Which of the following areas best suits your interest and skills?**

- Fundraising     Public Policy     Education     Programming  
 Evaluation     Marketing

Comments

_____
_____
_____
_____

If applicable, how long have you been an active participant in the Blaine County Community Drug Coalition?\_\_\_\_\_

In making your commitment to participate in the Blaine County Community Drug Coalition, please consider the following:

1. Members should be knowledgeable about the Community Drug Coalition, including its mission and vision.
2. The Community Drug Coalition holds monthly meetings and members are expected to attend 50% of the monthly meetings and participate in strategic planning sessions.
3. Members agree to provide input and help work towards the goals and objectives of the Community Drug Coalition.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email, mail, or fax your completed information to:

Blaine County Public Safety Facility  
Attn: Terry Basolo, BCCDC Administrator  
1650 Aviation Drive  
Hailey, Idaho 83333  
Fax: 208-788-3592

*Thank you for your commitment to be a member of the  
Blaine County Community Drug Coalition!*