

Coalition Member Form

Complete a form for each member of the coalition. Update the worksheet on an annual basis.

Name:

Contact Information (Address, Phone, Email):

Title / Role:

Organization Name / MOU?

Organization Contact Information (Address, Phone, Email, Website):

Skills/Resources/Connections:

Reasons for getting/staying involved in the coalition:

Current involvement with the coalition:

History of involvement with the coalition:

Involvement in other community-based organizations and efforts:

Other comments:

