

**Drug Free Wicomico Membership Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail Address \_\_\_\_\_

I am interested in doing the following:

\_\_\_\_\_ Attend monthly one hour meetings

\_\_\_\_\_ Assist with writing articles for the newspaper

\_\_\_\_\_ Work with youth coalition to prevent prescription drug and heroin abuse

\_\_\_\_\_ Assist with grant writing

\_\_\_\_\_ Lead a sub-committee

\_\_\_\_\_ Co-Lead the coalition

\_\_\_\_\_ Build capacity by talking to others about Drug Free Wicomico

\_\_\_\_\_ Write the minutes from the meetings

\_\_\_\_\_ Assist with the Annual Awards Luncheon

\_\_\_\_\_ Assist with implementing tasks in Strategic Plan

\_\_\_\_\_ Assist with developing Strategic Plan

\_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_

Scan document and email to [Cynthia.shifler@maryland.gov](mailto:Cynthia.shifler@maryland.gov) or mail to the Wicomico County Health Department, Attention: Cindy Shifler, 108 East Main Street, Salisbury, MD 21801