Preble County Suicide Prevention Coalition

Membership Form

Thank you for your interest in becoming a member of the Preble County Suicide Prevention Coalition (PCSPC). Membership is open to individuals, organizations, businesses, and agencies that support the Coalition's mission, vision, and purpose.

Member Information

Full Name: _____

Organization / Agency (if applicable): _____

Title / Role: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Community Sector(s) Represented

Please check all that apply:

☐ Parents and Caregivers: _____

☐ Youth Serving Organizations: _____

☐ Healthcare: _____

☐ Education: _____

☐ Law Enforcement: _____

☐ Faith-Based Organizations: _____

☐ Media: _____

☐ Civic Organizations: _____

☐ Individuals with Lived Experience: _____

☐ Businesses

☐ Local or State Government

☐ Special Population Serving Organizations

☐ Veterans, Service Members, and Their Families

☐ Other: _____

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Membership Expectations

By signing below, I acknowledge and agree to the following membership expectations, as outlined in the PCSPC By-Laws:

• Support the mission, vision, and purpose of the Coalition

• Attend and participate in at least 75% of full Coalition meetings annually

• Participate in the development and implementation of the Strategic Action Plan

• Support and sustain the vitality, involvement, and energy of the Coalition

• Be respectful of the community and individuals served

• Act as a champion of suicide prevention and of the Coalition within the community

• Complete this membership form and renew annually

Interest In:

Affirmations

I affirm that I will adhere to the Coalition's Non-Discrimination and Conflict of Interest policies as outlined in the By-Laws, and that I will not use my membership to unduly influence Coalition decisions for personal gain.

Applicant Signature: _____ Date: _____

For Coalition Use Only

Date Received: _____

Review Completed By: _____

Membership Status: ☐ Approved ☐ Pending ☐ Declined

Notes: _____