



MEMBERSHIP AGREEMENT

_____ (organization or individual), agrees to be an active member of the Engage Douglas County Coalition participating in workgroups and strategies put forth. I/We are committed to the vision, goals, objectives and strategies that have been and/or will be decided by the Coalition. Benefits of membership include: education and training, access to data, educational events, connection to community members, and other priority populations. This coalition will meet bi-monthly for 1.5 hours.

Engage Douglas County will be responsible for:

- Creating and following by-laws and policies.
- Formulating coalition goals and objectives.
- Overseeing operations of activities, programs, and paid staff.
- Increasing new membership of the coalition.
- Creating and following a strategic 12-Month Action Plan.
- Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
- Respecting the rights of Engage Douglas County members to hold their own opinions and beliefs.

As general evidence of our commitment, we / I agree to do the following (check those that apply):

- Commit to the coalition for (choose one):

___1 year ___ Until I notify the coalition in writing or Until date ___/___/___

- Attend coalition meetings and activities on a regular basis
- Read minutes, reports and other relevant information distributed to keep abreast of coalition decisions and activities Disseminate relevant information to organizational members or employees through websites, social media, email, etc.
- Keep coalition informed of our organization's related activities
- Engage in coalition's workgroups and/or the strategies put forth by the workgroups

We/I will commit the following resources to the coalition (check those that apply):

- Volunteer for coalition tasks
- Lead a subgroup
- In-kind contributions of _____ (time, material/resources, meeting space, refreshments)
- Connections to other key organizations/individuals _____ (Specify)

I consider myself or my agency to be representing this sector of the community: check one or all that apply:

- Business Schools Media Youth-serving organization Religious or fraternal organization
- Youth (18 or younger) Healthcare Professional State, local or tribal government Law enforcement
- Civic or Volunteer Group Parent Other (Please Specify): _____

_____ Date: _____
Print Name of Representative to Coalition

_____ Signature of Representative to Coalition

Email: _____ Phone: _____ - _____ - _____