



Board of Directors Membership Application

PLEASE PRINT

Name: _____

Occupation: _____ Title: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Company Name: _____

Address: _____

City: _____ Zip Code: _____

Home Address: _____

City: _____ Zip Code: _____

Driver's License # _____ Birthdate: _____

Other Boards on which you have served or are now serving:

Preferred committee and other interests for serving:

Name of Sponsor: _____ Annual Dues: \$300.00

I give permission for you to complete a background check.

SIGN AND DATE ABOVE PLEASE

WE SUPPORT A DRUG FREE COMMUNITY.

STATEMENT OF COMMITMENT

We know we are having a positive effect in Orange County, but there is still much more to do and **We Need Your Help!**

A *Drug Use Is Life Abuse* Board Member will:

(A) Commit to at least one of the following:

- Time, talent, contents (I.e., provide professional services, network the organization with other people, companies or agencies who will promote *Drug Use Is Life Abuse*).
- Resources and/or services (i.e., printing services, staff support, web support, etc.).
- Financial support.

(B) Attend Board meetings (Four a year)

(C) Serve on at least one committee (approximately one two-hour meeting monthly and active Involvement in the actions and activities of the committee):

- Marketing
- Youth and Education
- Fundraising
- Membership
- Finance

(D) Stay informed about the organization and its activities.

(E) Engage in “friend raising” for the organization.

I commit to the above as discussed with the representatives of the *Drug Use Is Life Abuse* Board of Directors.

Signature of Applicant

Date

Return this completed application to:

Drug Use Is Life Abuse
P.O. Box 28
Santa Ana, CA 92702-0028



We support a drug free Orange County.