

Directions: Type this application in your browser and print using the print button at the bottom of the page. Mail the completed form and your payment to the address listed below.



Guilford County Substance Abuse Coalition Membership Application

Individual Membership	Organizational Membership	Teen / Student Membership	Add Your Donation
Provides membership benefits for one individual	Provides annual membership benefits for up to three individuals	Provides membership benefits for one student	Nonprofit status permits tax deductible donations
<input type="checkbox"/> 1 Year (\$25) <input type="checkbox"/> 2 Years (\$45) <input type="checkbox"/> 3 Years (\$65)	<input type="checkbox"/> Up to 3 members (\$50/year)	<input type="checkbox"/> 1 Year (\$5) <input type="checkbox"/> College students (\$10)	\$ _____
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Information Change			

Contact Information

Note: For organization memberships, please provide information for one key individual to whom all GCSAC correspondence will be directed.

First Name _____ Last Name _____

Title _____

Organization _____ Dept. _____

Mailing Address _____

City _____ State _____ Zip code _____

Telephone _____ Email _____

Fax _____ Web site _____

List two other individuals in this organization to be included in the membership (for organizations **only**)

1. _____
2. _____

**Please mail completed form and payment to:
 Guilford County Substance Abuse Coalition
 ATTN: George M. Coates
 PO Box 10994
 Greensboro, NC 27404**



print page