# Council Membership Form

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**County(ies) covered:**

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| **Name** | **Title/Agency** | **Field Represented** | **E-Mail address** |
|  |  | Business |  |
|  |  | Child Welfare\* |  |
|  |  | Domestic Violence\* |  |
|  |  | Education/Early Childhood\* |  |
|  |  | Faith-based |  |
|  |  | Family Support |  |
|  |  | Law Enforcement\* |  |
|  |  | Local Government |  |
|  |  | Medical and/or Mental Health\* |  |
|  |  | Parent\* |  |
|  |  | Substance Abuse Treatment\* |  |
|  |  | Education |  |
|  |  | Child Care |  |
|  |  | Early Childhood |  |
|  |  | Community partnerships  Prevention education |  |
|  |  | Health Care |  |
|  |  | Other (please specify): |  |

\*Indicates a required membership. If representation from one of these disciplines is absent, recruitment efforts should be ongoing until filled.