



### **MEMBERSHIP AGREEMENT**

Mississippi Coalition of Partners in Prevention (MCPPI) is a group of universities and community colleges in Mississippi that have joined forces to collaborate in planning, implementing, and evaluating researched best-practices for alcohol and other prevention programming to support education/prevention and safety for college students. Membership to the MCPPI is free of charge, and all institutions of higher education (universities and community colleges) in Mississippi are invited to participate.

MCPPI provides training, resources, and support for members. The pursuit of external funding is a priority, which will allow us to continue to provide prevention program guidance, as well as opportunities for training and meetings. Only institutions that have completed the "Membership Application" will be eligible to participate in any collaboration opportunities provided by MCPPI.

#### **Institutions desiring to be recognized as members of MCPPI agree to the following:**

1. To conduct a student population assessment of alcohol use (NCHA or CORE) and provide results to MCPPI for statewide aggregate benchmarking.
2. Attend a minimum of one conference call or one area meeting per year.
3. Distribute MCPPI prevention materials to campus staff and students, as appropriate.
4. Conduct alcohol education/prevention and general programming at your institution and share successes/failures with MCPPI members.
5. Participate in your local community coalition (as appropriate).

#### **Please complete the Membership Application Form and return it to:**

[jyates@saffairs.msstate.edu](mailto:jyates@saffairs.msstate.edu)

# Membership Application Form

May apply at any time

Please complete this information for the person who will be responsible for overseeing that the terms of this agreement are met (campus representative)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Successful completion of this application process will provide your campus representative support in alcohol education/prevention efforts and make the institution eligible to apply for additional funds as they are available.

I have reviewed the requirements of membership and agree to the terms listed in the membership application. My signature below signifies my willingness to be a part of MCPP and provide support and feedback to the other members to the best of my ability.

\_\_\_\_\_  
Signature of Campus MCPP Representative

\_\_\_\_\_  
Date