



Name:

Street Address:

City, State, ZIP:

Phone:

Email:

A.P.A.R.T Mission Statement: To expand recovery services for substance use throughout the state of Arkansas. To develop, implement, and evaluate state-wide efforts to broaden recovery and awareness.

I agree with and support the mission statement of this coalition:

Signature & Date: _____

Print Name: _____

Please select which Sub-Committee or Focus Workgroup you would like to serve.

☐ Advocacy and Policy

☐ Awareness and Education

☐ Treatment and Recovery

☐ Data Collection and Analysis

☐ Prevention Programs

☐ Resource Development

☐ Collaboration and Networking