

**Please enroll this organization in the coalition.**

Group Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Do you wish for this group to be listed on the web page as a supporter of the coalition?      Yes      No

Does your organization support the Arkansas Statement of Principles?      Yes      No

Please give a brief description of your organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you wish to list contact information for the officers or membership of your organization?      Yes      No  
(If yes, please provide a listing – preferably by email or attachment.)

Will the contact person be responsible for disseminating information throughout your network?      Yes      No

If not this individual, then who will take this responsibility?

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Contact Information – preferably by email)