

New Member Welcome Packet

Vision: Collaborative partners addressing the evolving challenges of substance use.

Mission: Mobilize community partners to develop comprehensive strategies focused on drug education and prevention, harm reduction, justice-focused initiatives, treatment, and recovery.

Tag Line: Educate * Engage * Transform

Partnership for Drug-Free Communities is a community-based coalition addressing a spectrum of issues: youth drug prevention, drug overdose prevention, treatment and recovery resources, and justice-focused initiatives. The coalition serves Madison, St. Clair, and the surrounding Illinois counties. We bring together organizations and individuals to identify, discuss, and create comprehensive strategic plans to address substance related issues. All community members are welcome to participate in the coalition and its meetings.

Partnership for Drug-Free Communities was formed in 2016 when the Drug-Free Coalitions of Madison County (est. 2006) and the Madison County Heroin Task Force merged. The membership includes multiple agencies, organizations, businesses, parents/guardians, and volunteers. Meetings are typically held on the 4th Tuesday of every month from 10:00 am – 11:00 am and rotate between virtual and in person meetings. For more information on meetings, Partnership activities, and how to get in contact, check out our website

<https://partnershipdrugfree.org/>

Meeting Dates:

January 27th – in person
February 24th – zoom
March 24th – in person
April 28th – zoom
May 26th – zoom
June 23rd – in person

July 28th – zoom
August 25th – zoom
September 22nd – in person
October 27th – zoom
November – no meeting
December – meet and greet

Thank you for your interest in our coalition's work. As we expand our community engagement efforts, we are excited to welcome new members, like you. The Partnership has open meetings that any community member is welcome to join in addition to closed member-only meetings. If interested in becoming a member, please review the attached Letter of Agreement.

If the organization/individual or the Partnership's leadership identifies a need to review conditions of this agreement, a meeting will be arranged to address those issues. Members shall not misrepresent the coalition, its members, or its efforts in any way.

Updated: OCT 2025



2026 Coalition Member Letter of Agreement

The primary responsibility of any member is to support the coalition's vision and mission. Members who attend at least 2 coalition meetings per year (this is proposed to change 5) are considered a member in good standing with voting privileges. [additional expectations can be added here] Members are encouraged to promote the work of the coalition, share talents, ideas, resources, offer in-kind contributions, and help recruit new members, and participate in one of the coalition's work groups.

Please check type of membership:

Organization (print organization's name): _____

Individual (member who does not represent an organization)

What workgroups or leadership roles interest you?

<input type="checkbox"/> Chair	<input type="checkbox"/> Outreach & Engagement Workgroup
<input type="checkbox"/> Vice-Chair	<input type="checkbox"/> Strategic Planning Workgroup
<input type="checkbox"/> Corresponding Secretary	<input type="checkbox"/> Other:
<input type="checkbox"/> Reporting Secretary	

What resources and in-kind contributions can you or your agency offer Partnership?

Printing and/or material copying

Funding for events, activities, & merchandise

Other: _____

Which sector(s) do you represent in the community (select all that apply)?

<input type="checkbox"/> Business	<input type="checkbox"/> Healthcare Professionals
<input type="checkbox"/> Media	<input type="checkbox"/> State/Local/Tribal Government
<input type="checkbox"/> Religious/ Fraternal Organizations	<input type="checkbox"/> Substance Misuse Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Civic/Volunteer Organization
<input type="checkbox"/> Youth Serving Organizations	<input type="checkbox"/> Parents/Guardian/Care Provider
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Youth
<input type="checkbox"/> Other: _____	

How did you hear about the coalition? _____

Signature:	Print Name:
Phone:	Email:
Exec. Signature:	Please return this form in person or by email to PartnershipDrugFreeCommunities@gmail.com

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