



APPLICATION FOR MEMBERSHIP IN THE ARIZONA SUICIDE PREVENTION COALITION

Mission of AZSPC: To change those conditions that result in suicidal acts in Arizona through awareness, intervention, and action.

Core Values and Beliefs

- We value human life.
- Suicide is an Arizona public health problem.
- We value action.
- Suicide is preventable.
- Stigma is a major barrier to suicide prevention.
- By working together, we can effect greater change.
- We believe in assisting people to achieve optimum health.

Please consider joining with others across the State of Arizona who believe, like we do, that together we can help prevent suicide in Arizona. Membership is FREE.

Required Time Commitments:

Members are asked to attend at least ONE coalition meeting per year and participate on one (*or more, if desired*) of the coalition's committees listed on the next page. Why participate on a committee? Your time and resources are very valuable. You may be needed to write a letter or contact your legislative representative or maybe you can contribute your time to an event in your area. These are just a couple of the ways you can help support the effort to prevent needless deaths in Arizona by working with a committee which matches your interests.

Please return this form to:

Lynette Stonefeld, Coalition Secretary

Via email: lynette10@cox.net

Via fax: 480.858.2319

or mail to:

Arizona Suicide Prevention Coalition
c/o EMPACT
1232 E. Broadway Rd., Ste. 120
Tempe, AZ 85282

Today's Date _____

Name (please print) _____

Title (if applicable) _____

Organization (if applicable) _____

(Mailing Address) (City) (State) (Zip Code)

Work Phone _____ Cell/Home Phone _____

FAX _____ E-mail _____

Please indicate your **Race**: African American American Indian or Alaskan Native
 Asian White Native Hawaiian/Other Pacific Islander Multi-racial Other
Please indicate your **Ethnicity**: Hispanic/Latino Non-Hispanic/Latino

Please indicate which committee would like to belong to:

___ Older Adult ___ Native American ___ Event/Conference
___ Youth ___ Training

Describe your experience/interest in suicide prevention. Please let us know what skills, talents, or other resources you can contribute to the mission of the coalition.

If you would like you agency information featured on the AZSPC website, please describe your services, area you serve, and list the contact information below.

