



Office Use Only
_____ (name)

North Port Drug-Free Youth Membership Application

___ New Member Applicant
___ Renewing Member

Date _____

Name: _____

Birthdate _____

Address: _____

Zip Code _____

Phone: _____ Cell Phone: _____ Can we text you? _____

Email: _____ Can we add you to our email list? _____

School: _____ Grade: _____

Signature Required for Application Processing:

I understand that a drug test is part of the application process. This will be conducted at no charge to me when done for an initial application or renewal. However, a \$10 fee is required for replacement of a lost card, which will also include a re-test. I understand a parent or guardian signature is required if I am under age 13; and if I am under 18, a parent/guardian has the right to request my results. If the test indicates alcohol, tobacco or drugs, my application will not be forwarded for membership processing. Additionally, a NP D-Fy representative will meet with me to provide me with options to re-apply. If I successfully pass the drug screening, my application will be processed by North Port Alliance for Substance Abuse Prevention (NP-ASAP) to finalize my membership in NP D-Fy.

Holding an active membership in North Port Drug-Free Youth (NP D-Fy) signifies that I have validated my commitment to being alcohol, tobacco and drug free through a drug test. Annual renewal is required and membership is voided if I refuse requests for future drug tests; participate in drug, alcohol or tobacco use; or any unlawful activities.

Applicant

Date

Guardian (if under age 13)

Date