



TEAM DELTA MAX SUPPORT TEAM Membership Pledge

Our family has/I have read the mission statement of Team Delta Max and fully support the efforts to earnestly seek and implement proactive solutions that encourage students to make positive life choices regarding drug and alcohol-use.

We are/I am dedicated to helping *Team Delta Max* elevate awareness about the affects of underage drinking, create dialogue about the issue and galvanize the community in a manner that creates a groundswell of accountability and action that will result in real change in Upper Arlington.

Most importantly, we/I believe in promoting an alcohol-free lifestyle for all students under the legal age of 21.

We/I believe in resisting the notion that drug-use and underage drinking is an adolescent rite of passage. Instead, we/I will support Team Delta Max in changing how we all think, talk, and act when it comes to underage drinking.

We are/I am pleased to stand behind Team Delta Max and play a role in SHIFTING THE NORM by becoming a part of the Team Delta Max community.

We/I are proud to have our/my name(s) on the group's website to demonstrate our belief and support of the mission and vision for Team Delta Max.

(See reverse side for Membership Form)

Upon reading the membership form statement, please fill out all blanks completely and send to:
Erin Mayne
c/o Upper Arlington High School
1650 Ridgeview Rd
Columbus, OH 43221

Name (as you would like it to appear online): _____

Type of Membership (Please Check One): _____ Individual Membership _____ Family Membership
(eg. will read online as "Smith Family")

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ email: _____

Membership Category (Please see www.teamdeltamax.com for Membership Category Details):

_____ **Endorse**

In endorsing Team Delta Max, I am proud to have my family's/my name appear on the Team Delta Max website as a supporter of the group's mission. We are/I am committed to promoting to my family/other students a substance-free lifestyle for all students under the legal age of 21.

_____ **Partner**

In partnering with Team Delta Max, I am proud to have my family's/my name appear on the Team Delta Max website as a supporter of the group's mission. We are/I am committed to promoting to my family/other students a substance-free lifestyle for all students under the legal age of 21.

Furthermore, we/I would like to donate the following to the efforts of *Team Delta Max*:

_____ Door Prizes for Max events _____ Bottles of Water for Max Events
(on average, over 400 bottles of water are consumed at a Max event)

_____ Board Games/Decks of Cards for Max Events _____ Candy, food, & Non-Perishable Items

_____ Decorations for Max Events (Christmas lights, themed-items, etc.)

_____ **Sponsor**

In partnering with Team Delta Max, I am proud to have my family's/my name appear on the Team Delta Max website as a supporter of the group's mission. We are/I am committed to promoting to my family/other students a substance-free lifestyle for all students under the legal age of 21.

Furthermore, we/I would like to help financially with a donation of the following amount:

_____ \$25 _____ \$50 _____ \$75 _____ \$100

_____ \$150 _____ \$200 _____ Other Amount \$ _____

Please make checks made payable to *Team Delta Max* and include with membership form.
All donations are tax-deductible.