|  |
| --- |
| **Name:** |
| **Email:** |
| **Phone:** |
| **Organization:** |
| **Experience or interest with Human Trafficking:** |
| **Level of Interest** – check all that apply  \_\_\_ attend local county meetings: \_\_Camden \_\_Gloucester \_\_Cumberland  \_\_\_ attend all monthly meetings, tri-county  \_\_\_ interest in co-chairing county meetings  \_\_\_ present at a coalition meeting  \_\_\_ coordinating outreach events  \_\_\_ attending outreach events outside of meetings  \_\_\_ email list only  \_\_\_ other area of interest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SJATC Membership Form**

 