



# North Coastal Prevention Coalition

Serving the communities of Carlsbad, Oceanside and Vista



**Board of Directors:**

**President:**

**Aaron Byzak**, Office of County Supervisor Pam Slater-Price

**Vice President:**

**Fred Becker**, Becker Institute

**Secretary:**

**Ray Thomson**, Occupational Health Services

**Treasurer:**

**Margie O'Hern**, Oceanside Resident

**Directors:**

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**Ray Machado**, RXYM Fashion USA

**Leonard Mata**, Oceanside Police Department

**Paul Savo**, The Fellowship Center

**Tess Todd**, Carlsbad Resident

**Maria Yanez**, Vista Community Clinic

**General Membership:**

*Becker Institute*

*Carlsbad Police Department*

*Carlsbad Unified School District*

*City of Vista/Weed & Seed Program*

*City of Oceanside*

*County of San Diego, H&HS Agency, Alcohol and Drug Services*

*Drug Enforcement Administration*

*Eastside Neighborhood Association*

*Mothers Against Drunk Driving*

*North County Health Services*

*Occupational Health Services*

*Oceanside Police Department*

*Oceanside Unified School District*

*San Dieguito Alliance for Drug Free Youth*

*The Fellowship Center*

*Vista Community Clinic*

*Vista Unified School District*

*Vista Sheriff's Department*

*...and various community members*

## North Coastal Prevention Coalition

[www.northcoastalpreventioncoalition.org](http://www.northcoastalpreventioncoalition.org)

c/o Vista Community Clinic/HPC  
1000 Vale Terrace, Vista, CA 92084  
Tel (760) 407-1220 ext.174

Email: [info@northcoastalpreventioncoalition.org](mailto:info@northcoastalpreventioncoalition.org)

### Mission Statement

**To reduce the harm of alcohol, tobacco, marijuana and other drugs in the cities of Carlsbad, Oceanside, and Vista through community action, education, support and collaboration.**

The North Coastal Prevention Coalition would like to take this opportunity to invite you to become an official voting member of our non-profit organization for **2009**

If you are interested in becoming a member, please complete the information below and return it to the Treasurer with your **annual** individual membership fee of \$15.00 or organizational membership fee of \$25.00 at our next general membership meeting, or by mailing it to the above address. **(Please contact NCPC office if an invoice and/or receipt are required.)**

The undersigned hereby applies for membership in the North Coastal Prevention Coalition and agrees to work in partnership with the Coalition toward our mission of promoting alcohol safe and drug free communities.

If the Coalition Board of Directors accepts my application, I hereby agree to participate in good faith as a member of the Coalition, in a non-partisan and professional manner, with the best interests of the community in mind. If a potential conflict of interest exists or arises, I agree to declare such and to abstain from any discussion or vote, which might unduly influence the outcome of the issue.

_____	_____
Organization/Individual	Applicant Signature
_____	_____
Address	Printed Name
_____	_____
Telephone	Email

c/o Vista Community Clinic  
1000 Vale Terrace, Vista, CA 92084  
760-407-1220 Ext. 174 Fax 760-414-3736

Website: [www.northcoastalpreventioncoalition.org](http://www.northcoastalpreventioncoalition.org) Email: [info@northcoastalpreventioncoalition.org](mailto:info@northcoastalpreventioncoalition.org)