

U.S. ALCOHOL POLICY ALLIANCE

Partnership Form

The U.S. Alcohol Policy Alliance (USAPA) is a nonpartisan, nonprofit group of organizations governed by a board of directors, and guided by an expert advisory board, translating alcohol policy research into public health practice to **prevent and reduce alcohol-related harm in the United States**. Become a partner today so that together, we can make a difference!

The alliance ensures that partners have access to comprehensive, evidence-based resources that support informed decision-making. As resources allow, the alliance will provide technical assistance and support partners' organizing efforts that translates alcohol policy research into public health practice. As a partner, you will also receive a discounted rate to training and conferences and first notice to USAPA-sponsored programming such as interactive dialogues.

Individual Partnership Levels	
Partner Type	Annual Dues
Students and Seniors	<input type="checkbox"/> \$20
Individual	<input type="checkbox"/> \$35
Contributor	<input type="checkbox"/> \$50
Supporter	<input type="checkbox"/> \$100
Champion	<input type="checkbox"/> \$500
Sustainer	<input type="checkbox"/> \$1,000

Organization/Business Partnership Levels	
Organization's Annual Budget	Annual Dues
\$0 - \$99,999	<input type="checkbox"/> \$200
\$100,000 - \$299,999	<input type="checkbox"/> \$300
\$300,000 - \$499,999	<input type="checkbox"/> \$400
\$500,000 - \$999,999	<input type="checkbox"/> \$700
\$1,000,000 - \$1,999,999	<input type="checkbox"/> \$1,000
\$2,000,000 and above	<input type="checkbox"/> \$2,500

Partner Information:

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ORGANIZATION _____ TITLE _____

PHONE _____ FAX _____

EMAIL _____ WEBSITE _____

I maintain independence from any alcohol industry influence, involvement, or funding, including industry-funded research.

Payment Options:

1. Complete this form online and submit payment at paypal.me/USAlcoholPolicy
2. Complete this form and return it with credit card authorization or check or money order payable to U.S. Alcohol Policy Alliance. Mail it to USAPA c/o Board Chair Nicole Holt, 2211 S. IH-35, Ste. 201, Austin, TX 78741

Please charge my credit card: Amex MasterCard Visa

Credit Card #: _____ Expiration Date: _____ Security Code: _____

Signature: _____

