Please use your browser's print function to print a copy of the form.

Tribal State Relations Group (TSRG)

PERSONAL INFORMATION

Name: __________________________
Tribal Affiliation: __________________________
Job Title: __________________________
Primary Phone: __________________________
Secondary Phone: __________________________
Email address: __________________________

Affiliation:
☐ Local Organization: __________________________
☐ State Organization: __________________________
☐ Tribal Organization: __________________________
☐ Federal Organization: __________________________
☐ Other: __________________________

Please designate what you are able to contribute to the TSRG effort by checking the appropriate boxes.

☐ Participate in developing a strategic action plan and logic model
☐ Participate in development of cultural competent TSRG
☐ Identify speakers that can educate the group on training needs, ie: capacity building
☐ Offer a place to house the TSRG meetings and/or community-wide activities
☐ Recruitment
☐ Help build relationships between elected Tribal Leadership and State Leadership

☐ Other: __________________________

What do you hope to accomplish with your involvement with the Tribal State Relations Group?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________