



## New York State Council on Adolescent Pregnancy Membership Application

***We want you to Join NYSCAP!***

**WHO WE ARE:** NYSCAP's mission is to reduce the incidence of adolescent pregnancy and increase the capabilities of those teens already pregnant and/or parents to become fully productive and independent members of society.

**WHAT WE DO:**

- Educate public officials and decision makers about state and local information on teen pregnancy
- Provide advocacy resulting in continuation of pregnancy prevention programs
- Support a statewide network to share best practices and success

**WE NEED YOU:** NYSCAP needs you to help support our young people.

- **Educate:** legislators, school and community leaders, school boards, parents and families, community members and ultimately children and adolescents
- **Support:** best practices to prevent adolescent pregnancy, provide services for parenting teens, and ensure medically accurate, age-appropriate, comprehensive sexuality education in schools, with strong parent/family education and involvement and including state and district legislation and policies

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**We value your input about adolescent health issues. Please list your top 2 areas of concern about adolescent health and wellness issues or services in NYS.**

1.

2.

**By submitting your contact information for application, you agree to support medically accurate, comprehensive sexuality education for all youth.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
Organization: \_\_\_\_\_ Position: \_\_\_\_\_

**Please email or fax completed application information to: [nyscap@gmail.com](mailto:nyscap@gmail.com) or  
Fax: 607-772-0468**