

Individual or Organization Membership Application



Date: _____

Individual Membership Organization Membership

Name of Individual: _____

Name of Organization: _____

Organization Contact: _____

Address: _____ City/State: _____

Daytime phone: _____ Email: _____

If Organization Membership only-category:

Food Industry Manufacturing Government

Non-Profit Health Care Service

Other (describe) _____

What skills or resources are you as an individual or as an organization able to contribute to the coalition?

- | | | |
|--|--|--|
| <input type="checkbox"/> committee work | <input type="checkbox"/> fund raising | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> graphics for promotions | <input type="checkbox"/> space for events | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> create/maintain data base | <input type="checkbox"/> marketing skills | <input type="checkbox"/> Material purchase |
| <input type="checkbox"/> meeting minutes | <input type="checkbox"/> writing skills | <input type="checkbox"/> Work on website |
| <input type="checkbox"/> public speaking | <input type="checkbox"/> media contacts | <input type="checkbox"/> Legal skills |
| <input type="checkbox"/> medical contacts | <input type="checkbox"/> financial sponsor | <input type="checkbox"/> Food/Beverage |
| <input type="checkbox"/> gift for family caregiver | <input type="checkbox"/> refer family caregivers | |

Other:(describe below)

► If you are an organization member, please make sure that the head of the organization has knowledge of and is in agreement with this membership.