

MEMBERSHIP COMMITMENT FORM

Organization: _____

Address: _____

Phone: _____

E-mail: _____

Fax: _____

Organization contact person(s): _____

How would you like to be contacted: _____

How do you plan to be involved in the coalition? Please describe...

Communication _____

Training and Education _____

Resources _____

Community Change _____

Other _____

Organization Signature

Date _____

Coalition Signature

Date _____