

Pine Bluff Wellness & Health Equity Coalition

Application of Membership

Please type or print all information requested except signature

Date

Name

Last

First

Middle

Home Address:

Number

Street

City

State

Zip

Telephone () _____ Cell Telephone () _____ Home or Other

E-mail Address

Please List Affiliations With Other Coalitions, Health Organizations, Groups and Ministries etc.:

Coalition/Organization Name	Yrs. Of Association	Title/Position	Contact Person	Telephone Number

Are You Employed? Yes or No

Are You Retired? Yes or NO

Name and Address of Employer, if Employed:

Do you live or work in, or in-directly affiliated with Pine Bluff? Yes or No If Yes, Which?

What are your strongest skill sets?

Are you a tobacco user, including vaping? Yes or No (*being a user does not exclude you from membership)

Who Referred You?

Name

Telephone:

Use the space below to state what you believe you can contribute to this Pine Bluff Wellness and Health Equity Coalition.

Conflict of Interest Declaration: *Do you or your family have any interest in the tobacco or any other business that is contrary to the promotion of public health best practices? Yes or No If yes, please declare now:*

Signature:

Date: