



MEMBERSHIP APPLICATION

Date _____

Name/Credentials _____

Organization _____

Title _____ Ethnicity _____ Gender _____

Address _____
Street City Zip

Preferred Phone _____

Preferred E-Mail Address _____

How did you hear about The Healthy Start Coalition? _____

How were you asked to become a member? _____

I am interested in supporting the Healthy Start Coalition of Pinellas in the following areas (check all that apply):

- _____ Serving on a Healthy Start Coalition Committee (please see reverse)
- _____ Providing professional or technical assistance to the Coalition
- _____ Hosting or sponsoring a Healthy Start special event or program
- _____ Participating in Healthy Start special activities – health fairs, educational events, and related programs
- _____ Providing space for meetings
- _____ Printing Coalition materials or mailing information to members and supporters
- _____ Providing financial support for the Coalition’s special projects including Beds for Babies and Stork Support
- _____ Considered for nomination to the Board of Directors
- _____ Donate new/unopened baby items including diapers, wipes, cribs or pack and plays, car seats, strollers

I would be interested in serving on one of the following committees:

- _____ Finance Committee
- _____ Planning and Evaluation Committee
- _____ Quality Improvement Committee
- _____ Fetal Infant Mortality Review Team

Signature _____ Date _____