



COMMUNITY MEMBERSHIP AGREEMENT

Mission: Creating a sustainable, tobacco free environment by using evidenced-based education and outreach within Wichita County focused on disparate populations.

Please complete the below information:

Contact Name _____ Organization/Business Name (if applicable) _____
Street Address _____ City, State, ZIP _____
Phone Number _____ E-mail Address _____

Alternate Representative Name, Phone, and E-mail Information (if different from above)

Wichita County-TPCC Members can be counted on to:

- Encourage and promote the Wichita County TPCC mission and services.
- Identify and help address tobacco related health disparities in Wichita County.
- Pursue and share resources to support coalition’s capacity as needed.

Please check which box represents your membership affiliation

- Active Member*** - Attend coalition meetings and participate in planning committees.
- Informed Member** – Stay informed with updates, invited to attend coalition meetings and functions
- New Agreement** or **Renewed Agreement**

All members please check the appropriate Community Sector(s) which you are associated

- Parent / Concerned Citizen
- Law Enforcement Agency
- Youth Serving Organization
- Business Community
- Media Organization
- State and Local Government
- Youth (18 & under)
- Educational Institutions
- Faith-based and/or Fraternal Organization
- Civic and Volunteer Groups
- HealthCare and Public Health Professional
- Substance Abuse Related Organization

What resources will you be willing to contribute to the coalition? (Check all that apply)

- Networking Skills
- IT Experience
- Project Management
- Educational Tools
- Volunteer for Activities
- Space (for meetings/events)
- Communication and Writing Skills
- Tobacco Prevention and Cessation Expertise
- Knowledge of local policies
- Experience with youth
- Other:
- Refreshment/Catering for Meeting or Events

***Active members please check your committee interest(s)**

- Executive Committee
- Healthcare Provider Outreach
- Higher Education Tobacco-free Campuses
- Youth Outreach
- Coalition Development
- Community Epidemiology Workgroup
- Worksite Outreach
- Youth Tobacco Prevention Curriculum
- Compliance and Enforcement
- Media Relations

Signature (Name if signing electronically) _____ Date _____

By checking this box I attest that I am an authorized representative of the above mentioned and accepts to sign and submit this document electronically. This agreement is effective from date signed and will be updated annually.

Email to: mellisa.moncibaiz@wichitafallstx.gov