



# Project Success Coalition & Harambee Tobacco & Health Network



## Network Membership Application

*(Please print)*

APPLICANTS' NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First MI Last

ORGANIZATION: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION: \_\_\_\_\_

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\_\_\_\_ Yes    \_\_\_\_ No    Signature \_\_\_\_\_ Date \_\_\_\_\_

### Interest:

- \_\_\_\_ I'd like to start a health and wellness program for my organization
- \_\_\_\_ I'd like to learn more about tobacco prevention and cessation, i.e. smoking, e-cigs, quitting)
- \_\_\_\_ I'd like to improve my/organizations' overall health
- \_\_\_\_ I'd like to learn more about nutrition
- \_\_\_\_ I'd like to learn more about exercise
- \_\_\_\_ I'd like to learn more about diabetes prevention or management
- \_\_\_\_ I'd like to learn more about heart disease and stroke prevention
- \_\_\_\_ I'd like to learn more about mental health
- \_\_\_\_ I'd like to learn more about spiritual health and wellbeing
- \_\_\_\_ I'm a health professional; Discipline? \_\_\_\_\_
- \_\_\_\_ I'm interested in teaching a class; what area? \_\_\_\_\_
- \_\_\_\_ I'm interested in serving on the Harambee Network or a Committee \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
(Print Name) Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)