



The Pennsylvania Coalition for Oral Health 2017 Membership Application

Our Mission:

To improve oral health for all Pennsylvanians by uniting stakeholders to advance advocacy, policy, education and innovative approaches.

Our Vision:

Essential to overall health and wellness, optimal oral health benefits ALL Pennsylvanians. By bringing together oral health advocates and professionals to share the best and most innovative approaches, PCOH serves as the dynamic leading voice to improve oral health across the Commonwealth.

Membership Levels

- Corporate Organization.....\$250
- Non-Profit Organization.....\$150
- Individual\$ 75

Contact Information

Name _____

Job Title _____

Organization/Individual _____

Mailing Address _____

Email _____ Telephone _____

Please make check payable to: The PA Coalition for Oral Health

Or Credit Card:

Type: ___ VISA ___ AMEX ___ MASTERCARD ___ DISCOVER Billing Zip Code _____

Card Number _____ Expiration Date ____ / ____ Security code _____

Mail to:

The Foundation for Enhancing Communities 200 N. 3rd Street, 8th Floor | Harrisburg, PA 17101

The official registration and financial information of the Foundation for Enhancing Communities may be obtained from the Pennsylvania Department of State by calling toll free, with Pennsylvania, 1.800.732.0999. Registration does not imply endorsement.