Oral Health Coalition

Formal Membership Form

About the Coalition

---- Description of coalition ----

Our Vision: ________________________________________________________________

Our Mission: _______________________________________________________________

We encourage as much participation at meetings and events as possible; however, each organization receives only one vote on motions and actions.

Type of Membership

☐ Please send me the [oral health coalition] agendas and notes (I may not be able to attend meetings, but I would like to stay informed on the [coalition] actions) – non-voting member

☐ I plan on attending [oral health coalition] meetings in person or by phone, please make sure to send me agendas and notes for the [coalition] – voting member

Organization Information

Organization Name _____________________________________________________________

Type of Organization _________________________________________________________

Address _____________________________________________________________________

Phone Number ______________________ Phone Number #2 __________________________

Email ___________________________ Email #2 ________________________________

Voting Representative(s) Name(s) _______________________________________________

____________________________________________________________________________

Signature ______________________________________ Date ___________________________

Submission

Completed forms and questions can be submitted to _______________________________