

# 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 \_\_\_\_\_