

Membership Recruitment Form

Membership in the Coalition for a Tobacco-Free Imperial County is open to any individual or organization who endorses the coalition's mission and wishes to serve as a volunteer in local tobacco control efforts.

Mission Statement

To improve and promote a healthier Imperial County, the Coalition for a Tobacco-Free Imperial County is dedicated to preventing access and exposure to tobacco smoke and tobacco products, through education and policy change.

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Full Name (last, first) :								
Are you representing an Organization/Affiliation? (If so, please li			list): Yes	Yes No (Individual/ Community Member				
Address:		City:			Zip:			
Phone:		Email addres	s:					
Membership Status:	New Memb	er (as of:)	Renewin	g Your Men	nbership	
·	_	ganization as a Coalition ements, website, and/or		•	•	Coalition me Yes	ember in No	
Please list the to	o (3) skills yo	ı currently possess, ar	nd are able to	contribu	te to the co	alition's eff	orts	
Data Collection	Youth Outreach		Writing/Editi	ng Mater	rials	Leadership Skills		
Graphic Design	Event Planning		Community/	Community/Recruitment			Other:	
Public Speaking	Social M	ledia Engagement	Meeting Fac	Meeting Facilitation				
Priority Areas: Which	priority areas	do you have expertise	e in and/or wou	ıld be m	nost interest	ted in work	ing with	
Reduce the availability of Tobacco		Promote Tobacco Cessation	=	Reduce Exposure to Secondhand Smoke		Youth Engagement		
		issues would you like				•		

As a member of the Coalition for a Tobacco-Free Imperial County, I endorse the mission of the coalition and pledge my participation in attendance of coalition meeting and coalition events and activities, etc.

Signature: Date: