



TOBACCO EDUCATION COALITION MEMBERSHIP FORM

Mission: To reduce tobacco use and exposure to secondhand smoke in Solano County.

Name _____ Today's Date _____

E-mail _____ Phone _____ Fax _____

Mailing address _____

Agency/Business Affiliation name & address _____

How did you hear about us? _____

Type of Membership: (check the ONE category that best describes the area you represent)

- | | | |
|-----------------------|-------------------------------|-------------------|
| Community member | Voluntary Health Organization | |
| Health Care | Environmental | |
| Law Enforcement | TCS Grantee | |
| Childhood Development | Local Lead Agency | |
| Business | Education | Worksite/Employer |
| Alcohol & Drug | Media | Other |

Areas of interest (check as many as you wish):

- | | |
|--------------------------|-------------------------------|
| Policy/Advocacy* | Smoke-free Housing |
| Tobacco Retail Licensing | Coalition Building/Membership |

*letter writing, phoning, e-mailing and/or speaking to key opinion leaders

About You! (Experience in tobacco-related fields, educational background, community affiliations, special interests and accomplishments):

Ethnicity: (for Prop 99 funding documentation) Check only ONE category:

- | | | |
|------------------|-----------------|------------------------|
| African-American | Hispanic/Latino | Asian/Pacific Islander |
| American Indian | Caucasian | Other |

Priority Population you represent:	Military	LGBT (lesbian, gay, bisexual, transgender)
Labor	Low Socio-Economic	None
		Decline to answer

Are you currently accepting funding by any tobacco company? No Yes

I verify that the information stated above is correct
(signature required) _____