



## MEMBER RECRUITMENT FORM

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME OF AGENCY/ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

What interest you to participate in the Stanislaus County Asthma Coalition?

Please select one or more of the topics of interest:

Public Awareness/Media       Schools/Sports       Air Quality

Provider Education       Patient/Community Education       Website

Are you interested to help with coalition special projects?     Yes     No

**Please complete and fax to: (209) 558-8859**

**[www.stanasthma.org](http://www.stanasthma.org)**