



Membership Application / Dues Renewal Form

Coalition for a Tobacco Free Alabama is committed to:

- Educating the public and state leaders about prevention efforts and the hazards of tobacco use.
- Assisting communities and school campuses to go smoke-free.
- Promoting state and local cessation programs that help tobacco users quit.
- Reducing and preventing youth tobacco use and youth access to tobacco products.

Member Benefits:

- Assures your voice will be heard by lawmakers on issues important to achieving a tobacco-free society.
- Trains individuals and organizations to provide tobacco prevention and education programs, promote smoking cessation and support groups, and enact local tobacco-free ordinances.
- Offers a web presence for members and sponsors who join at the \$100 level and above.
- Provides opportunities to participate in conferences, education programs, and statewide efforts to enact tobacco-free legislation and to present at a General Member meeting.

Membership Categories:

- Organizational: A representative of any organization, governmental agency or group supportive of the activities and goals of the Coalition. Such members shall have voting privileges at all Coalition meetings and are eligible to be elected as an officer or to the Board of Directors.
- Individual: An individual member is any resident of the State of Alabama who has reached his or her nineteenth birthday and is supportive of the goals and mission of the Coalition. Individual members have voting privileges at all Coalition meetings and are eligible to be elected as an officer or to on the Board of Directors.
- Advocate: an individual who is employed full-time in the area of tobacco prevention or control and is supportive of the activities and goals of the Coalition. Such members may serve on committees but will not have voting privileges at any Coalition meetings and are not eligible to be elected as an officer or Director or serve as a committee chair.

MEMBERSHIP INFORMATION

Organization or Individual Member Name: _____

Type of Membership:

- \$100 Organization Membership
- \$25 Individual Membership
- \$0 Advocate Membership

Organization Representative's Name:

Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email Address: _____

Total Amount Enclosed: \$ _____

Please print, complete, and mail with a check made payable to the **Coalition for a Tobacco Free Alabama**, P.O. Box 951, Montgomery, AL 36101.