



## MARTIN COUNTY HEALTHY START COALITION MEMBERSHIP INFORMATION

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_ Title \_\_\_\_\_

Organization Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for applying \_\_\_\_\_

Type of Membership

\_\_\_ Designated Voting Representative

\_\_\_ General Membership (nonvoting)

*If you are a designated member, please check one:*

\_\_\_ Organizational membership:  
one per organization/business.  
A notarized designation form  
Must be completed on the  
Reverse side.

\_\_\_ Consumer: a recipient of  
Maternal/infant (0-3) health services  
or person who has received such  
services in the past 2 yrs, or their  
immediate family member.

*I am interested in serving on one of the following committees:*

\_\_\_ Access/Community education

\_\_\_ Father & Child Resource Center

\_\_\_ Prenatal Care Planning Committee

\_\_\_ QA/QI (Quality Assurance/Improvement)

*I am interested in supporting the Coalition in the following areas:*

\_\_\_ Participating in special Coalition activities; health fairs, educational events, programs

\_\_\_ Serving on a Healthy Start speaker's bureau

Other \_\_\_\_\_

Please list any other membership or board affiliations \_\_\_\_\_

Please list others who you feel would be effective Coalition members committed to promoting adequate, accessible and acceptable prenatal and infant care in Martin County.

Signature \_\_\_\_\_ Date \_\_\_\_\_

MARTIN COUNTY HEALTHY START COALITION

STATEMENT OF MEMBERSHIP DESIGNATION FOR VOTING MEMBER

This is to certify that \_\_\_\_\_  
Name

has been designated to represent \_\_\_\_\_  
Agency, Business or Organization

as a designated voting member of the Martin County Healthy Start Coalition, Inc.

\_\_\_\_\_  
Signature of Chief Administrative Officer

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City, State, Zip Fax #

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ Personally Known or

\_\_\_\_\_ Produced Identification/Type of Identification Produced