



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 serve on the Public Education/Treatment & Management Sub-committee? Yes No

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

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

www.stanasthma.org