

Sacramento County Tobacco Control Coalition (TCC)

Application for General Membership

A Standing Subcommittee of the Sacramento County Public Health Advisory Board (PHAB)



Name:

Organization:

Preferred Mailing Address:

City of Employment:

Employment Zip Code:

City of Residence:

Resident Zip Code:

Phone Number:

Email:

Language(s) Spoken (other than English):

By filling out this application, I agree to become a member of the Sacramento County Tobacco Control Coalition (TCC). I have read the TCC Bylaws, and I understand the roles and responsibilities of membership. I agree to have my name and professional contact information listed on TCC's roster. I certify that I do not accept Tobacco Industry (TI) or electronic smoking device funding or participate in TI or electronic smoking device supported events or activities.

Signature:

Date:

Is your affiliated organization funded by Prop 99 or Prop 56 Tobacco Control funds?

Yes

No

Subcommittee(s)/Taskforce(s) of interest?

- Cessation Taskforce
- Equity and Diversity Subcommittee
- Policy Taskforce
- Youth and Young Adult (YYA) Subcommittee

Check the priority population(s) you or your agency represents

- LGBTQ
- Labor
- Low Socioeconomic Status
- Military
- Other
- Decline

Which constituency do you represent?

- Alcohol & Drug
- Business
- CTCP Grantee
- Community Member
- Education
- Environmental
- Faith-Based
- Health Care
- Law Enforcement
- Local Lead Agency
- Media Related
- Voluntary Health
- Worksite/Employer
- Other:

Ethnicity/Race

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

Please return this form by mail, fax, or email to:

Sacramento County Tobacco Education Program
Mail: 9616 Micron Ave. Suite 670, Sacramento, CA 95827
Fax: (916) 875-6001
Email: MichelN@saccounty.net

For Office Use Only

Inactive member
Member requested to be removed
Date removed:
Other: