

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:

Member Ethnicity/

Race

African American/Black

American Indian

Asian/Pacific Islander

Caucasian

Hispanic/Latinx

Decline

Other

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: Petersonda@sacounty.net

For Office Use Only

Inactive member

Member requested to be removed

Date removed:

Other: