



# Tobacco Free Kansas Coalition, Inc. Membership Application

*The mission of the Tobacco Free Kansas Coalition is to reduce the prevalence of tobacco use addiction and to assist Kansans in avoiding the negative health and economic impact of tobacco use. As a TFKC member, I agree to: promote and support the Coalition's mission; network with local partners to share information; use opportunities to participate in Coalition activities; and provide advice on bylaw revisions, membership, communications, and policy issues.*

TFKC members receive mailings, electronic newsletters, and listserv announcements on tobacco prevention and cessation topics. Special trainings, technical assistance and conferences are also available to members. There are no membership fees.

## MEMBERSHIP APPLICATION INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Home/Business Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Applying for: Individual Membership \_\_\_\_\_ Organizational Membership \_\_\_\_\_

Local Health or Tobacco Control Coalition I belong to: \_\_\_\_\_

## OTHER CONTACT INFORMATION

**TFKC Listserve:**

I am on the TFKC Listserve. Yes \_\_\_ No \_\_\_ Add my e-mail address to the TFKC listserv. Yes \_\_\_ No \_\_\_

**TFKC Electronic Newsletter:**

I am on the TFKC Listserve. Yes \_\_\_ No \_\_\_ Add my e-mail address to the TFKC listserv. Yes \_\_\_ No \_\_\_

*Legislative Information: To receive action alerts on state and federal legislative issues, the following information is helpful.*

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**If known:**

Legislative District #: \_\_\_\_\_ Name of local State Senator: \_\_\_\_\_

Legislative District #: \_\_\_\_\_ Name of local State Representative: \_\_\_\_\_

State legislators you may know or have contacted: \_\_\_\_\_

**PRIVACY POLICY:** *We will not share or sell your personal or work data with any other groups or organizations, although TFKC member organizations may use the listserv to post tobacco control information or alerts.*

Mail the completed form to: Tobacco Free Kansas Coalition, 5375 SW 7th Street, Ste. 100, Topeka, KS 66606 or fax it to (785) 272-5870. For further information, please call: (785) 272-8396 or visit the website at [www.tobaccofreekansas.org](http://www.tobaccofreekansas.org).

FOR OFFICE USE ONLY: Completed membership applications will be approved by the TFKC Board of Directors.

Date Received: \_\_\_\_\_ Date Approved by Board: \_\_\_\_\_