



Coos County Friends of Public Health

MEMBERSHIP FORM – New or Renewal

Mail to: PO Box 203, Coos Bay, Oregon 97420

Welcome to all new and returning members! We want to keep our numbers strong to support Public Health services in our community. Renewing members, please return dues and this form by **January 15th**. If you have questions or want more information you may contact us at the CCFOPH email at ccfoph@gmail.com or visit www.ccfoph.org.

Name: _____ Email: _____

Address: _____ City: _____ State/Zip: _____

Phone: (h) _____ (w) _____ (cell) _____ Fax: _____

The best way to reach me is: _____

Membership Dues for: \$20/yr Individual \$30/yr Family \$50/yr Business

I wish to donate: \$_____ enclosed for public health services. Thank you for your support!

CCFOPH is a Non-Profit 501C-3 and your membership dues and donations are tax deductible.

A list of the membership contact information will be provided to members only. Please provide either a phone number or email address (or both) so that other members can reach you.

I would like my Email, or Phone number - cell, home, or work listed in the CCFoPH Directory.

I would be interested in serving on:

- | | |
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| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Public Education Committee |
| <input type="checkbox"/> Development Fundraising | <input type="checkbox"/> Advocacy Committee |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Serving on the Board |

I would like to receive my copy of the CCFOPH Newsletter by: Email US Post

I would be interested in helping out with or have special skills and expertise in:

Mission Statement: *“To Promote Health in Coos County Through Enhancement of Local Public Health Services.”*

Purpose: To promote an understanding of the public health needs of communities in Coos County and availability of services to address those needs; To increase community collaboration to achieve public health goals and to provide public health services; To encourage volunteer involvement in local public health programs; To educate about the important relationship between resources and essential public health services; and To generate resources in fulfillment of our mission.

“I support the mission and purpose of Coos County Friends of Public Health”

Signature: _____ Date _____