



Coos County Friends of Public Health

MEMBERSHIP FORM – New or Renewal

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

Coos
County

Welcome to all new and returning members! We want to keep our numbers strong to support Public Health services in our community. 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: \$_____ in support of CCFoPH. _____ I wish my donation to remain anonymous.

CCFoPH is a Non-Profit 501c3 and your membership dues and donations are tax deductible to the full extent of the law.

We appreciate your support!

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 be interested in helping with:

- | | |
|--|--|
| <input type="checkbox"/> Membership Activities | <input type="checkbox"/> Public Education Activities |
| <input type="checkbox"/> Development Fundraising | <input type="checkbox"/> Advocacy Activities |
| <input type="checkbox"/> Communications (including Newsletter) | <input type="checkbox"/> Serving on the Board |

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, including vulnerable populations, and the 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 activities; To educate about public health issues; and To generate resources in fulfillment of our mission. Membership dues, and individual and corporate donations sustain CCFoPH, and enable us to raise funds, and receive grants for projects and programs which are administered through Coos Health & Wellness.

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

Signature: _____ Date _____