

1830 Lakeside Drive, Franklin, NC 28734
Phone (828) 349-2426 FAX (828) 524-6154

Membership Form

Please fill out the information below:

Name	Title	Race/Ethnicity
Agency/Organization		
Office Phone	Fax	Home Phone
Preferred Mailing Address		
E-Mail Address		

I would like to become or remain a member of the following committee(s):

(Please check all that apply)

- Cancer Prevention and Support Committee
- Community Needs Assessment Committee
- Medical and Dental Community Development Committee
- Obesity Prevention Committee

What time would be best for you to schedule meetings?

It is important that we make a commitment to create a healthier community! We ask that you make a commitment of one year of service to Healthy Carolinians of Macon County. Please sign below

Signature:

Date:

I no longer wish to be a member of Healthy Carolinians of Macon County.

I am also a member of the following organizations:

Civic Club Name of Club

PTO Name of School

Church/Faith Group

Professional Assoc.

Children's Group (Scouts, Sports, Sunday School, etc)

Board of Directors

I volunteer with

Other:

Any suggestions of people who might be interested in participating in
Healthy Carolinians of Macon County

I am willing to volunteer my time in the following areas:

Grant-writing	Public Speaking	fund-raising	legal services
Meeting facilitation	financial services	planning special events	other