



## Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Job Title/Description: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_ Referred by: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Describe your involvement and interest in asthma. \_\_\_\_\_

What is your area of interest?

- Surveillance, Research, Evaluation
- Promoting Asthma Awareness
- Reducing Exposure to Asthma Triggers
- Improving Health Services and Systems
- Partnering
- Other \_\_\_\_\_

The following demographic information is **optional**, but very helpful to us in tracking the diversity of the membership.

Gender \_\_\_\_\_ Year of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Do you or your organization serve any special populations, if so please list?

Please disclose any perceived or real financial conflict of interest related to the mission of the Alaska Asthma Coalition that you or your organization may have:

Complete in black ink or type and submit to the Alaska Asthma Coalition c/o American Lung Association of Alaska at 500 W. International Airport Rd #A, Anchorage, AK, 99518. Applications can be e-mailed to [asthmacoalition@aklung.org](mailto:asthmacoalition@aklung.org) or faxed to (907) 565-5587. For more information, call (907) 276-5864 or (800) LUNGUSA.