Tobacco Free Partnership of Broward County
Membership Application

The mission of the Tobacco Free Partnership of Broward County is to prevent or reduce the health risks associated with tobacco use through community education.

NAME: _____

JOB TITLE: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

OFFICE PHONE: _____ **CELL:** _____

EMAIL: _____ **FAX:** _____

Type of Membership: ☐ Organization ☐ Individual ☐ Youth (under 18)

Please select your available time for partnership activities excluding partnership meetings.

☐ 1-3 hours per month ☐ 4-6 hours per month ☐ 7 or more hours per month

Please select a subcommittee of choice:

☐ Communications ☐ Education & Advocacy ☐ Beach Sweep ☐ Membership

I affirm that I have read, and will adhere, to the mission and by-laws of the Tobacco Free Partnership of Broward County.

_____ _____

Signature Date