Healthy Buncombe
The Physical Activity & Nutrition Coalition

Healthy Buncombe Membership Form

Name _____Organization (If Applicable) _____

Address _____Phone _____

City, State Zip _____Email _____

Language Skills _____

Special Interests related to physical activity and nutrition: _____

Types of Membership: (Please read explanations and check one from each category)

Members may serve on the coalition as an ***Individual*** or as a representative of an agency or ***Organization.*** Members may also chose to participate as ***Active*** or ***Supporting*** members. ***Active*** members participate in meetings and activities of an Action Team or Committee or are actively involved in a special project or initiative of the Coalition. ***Active*** members have the privilege of 'voting' and will have their name listed on the online web directory. **Active members are to pay yearly dues of $10 at the annual retreat.**

Representation:	Individual ☐	Organizational ☐
Participation:	Active ☐	Supporting ☐

_____ _____

Applicant Signature Date

Please mail the completed application to Healthy Buncombe c/o Terri March
35 Woodfin Street
Asheville, NC 28801