

Sampson County Partners for Healthy Carolinians

Membership Interest Form



Personal Information

Title: Dr. Mr. Mrs. Ms.

First Name: _____

Last Name: _____

How did you hear about us? _____

Health Interest: __Substance Abuse __STDs/Pregnancy Prevention
 __Chronic Disease (Diabetes,etc.) __Tobacco Prevention
 __Physical Activity __Nutrition

Contact Details

Mailing Address: _____

City/Community: _____

State: _____ Zip Code: _____

Home/Office Number: _____

Cell Phone Number: _____

Email: _____

Participant's Interest/Commitment

- Attend monthly meetings
- Serve on Healthy Carolinians committees/sub-committees
- Provide administrative support
- Create community awareness
- Represent Healthy Carolinians at community events
- Assist with planning activities, including the identification of resources, and implementation of interventions/activities
- Other interests: _____

Thank You!