



Mission: The Vaccinate Alaska Coalition, A group of private and public providers, community service organizations, and concerned citizens from around the state, seeks to protect the health of **all Alaskans** by decreasing vaccine-preventable disease through positive immunization promotion campaigns, support of local immunization coalitions, and increased private and public provider participation in immunization activities.

Membership Application

Type of Membership: Corporate/Organization \$25.00 _____ Individual \$10.00 _____

Name: _____

Address: _____

Contact phone number: _____

E-mail address: _____

Organization Name: _____

Organization address: _____

Areas of interest: Adult Immunization _____ "I Did It By 2!" _____

Strategic Planning _____ Flu campaign _____

Development _____ Fundraising _____

Other _____

Responsibilities: Individual members will have 1 vote. Organization members may include more than 1 individual but will have 1 vote as an organization. Members agree to take an active role in the work of the coalition including, but not limited to, financial or in-kind contributions, serving as an officer or serving as a committee chair or member.

Signed:

Individual member

Organization member

* Approved by

Approved by

* If organizational permission is required for individual participation

Make checks payable to: Vaccinate Alaska Coalition
Vaccinate Alaska Coalition is a 501 (c) (3) organization

Mail to:

Vaccinate Alaska Coalition
P.O. Box 240249, Suite 540
Anchorage, AK 99524-0249

Thank you

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