Tobacco Free Idaho Alliance
Member Registration Form

Date:_____

Name:_____ Organization:_____

Address:_____ City, State, Zip:_____

Work Phone:_____ Email:_____

I would like to participate as an: ☐ Active member ☐ Information-only member

I would like a copy of the Tobacco Free Idaho Alliance by-laws ☐ Yes ☐ No

I would like a copy of the Tobacco Free Idaho Alliance Strategic Plan ☐ Yes ☐ No

If you would like to participate on one of the committees, please indicate which committee:

☐ Partner Integration – Coordinate and facilitate tobacco control and prevention efforts among all partners.

☐ Program Enhancement – Strengthen and expand the Clean Indoor Air laws.

☐ Information and Communications – Create an information and communication network accessible to all Idahoans.

☐ Policy Education – To establish a formal process to educate, inform, and influence Idaho legislators, public officials and other key decision – makers.

Please return this form to:

Jean Calomeni, Senior Health Education Specialist
Project Filter
450 W State St, 6th floor
Boise, ID 83720
calomenj@dhw.idaho.gov
Fax: (208) 334-6573
Phone: (208) 334-4961

TOBACCO free IDAHO ALLIANCE