



Healthy Start Coalition of Sarasota County  
General Membership  
Non - Voting Member<sup>1</sup>

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

REPRESENTING (PLACE OF EMPLOYMENT): \_\_\_\_\_

**NEW MEMBERS: Please complete.<sup>2</sup>**

Gender:     Male         Female

Race:         White         Black         Am Indian         Asian         Other

Ethnic Group:

Hispanic     Non-Hispanic     Other \_\_\_\_\_

**I represent:**

Migrant and Community Health Center;  County Health Dept;  Birthing Facility;

Maternal or Infant Care Provider;  Medical Society;  Health Advocacy Interest Group;

Local Health Planning organization;  County or Municipal Government;  Education;

Social Service Organization;  Consumer of family planning, primary care or prenatal care services;

Other: \_\_\_\_\_

**RENEWING MEMBERS: Please complete.**

I will renew my membership in the Healthy Start Coalition of Sarasota County for 2009.

I will not renew my membership in the Healthy Start Coalition of Sarasota County for 2009.

*If no, please explain why:* \_\_\_\_\_

\_\_\_\_\_

I agree to comply with the provisions of all statutes relative to Healthy Start Coalition membership and participation. I agree to the responsibilities and obligations therein.

DATE: \_\_\_\_\_ (mo/day/yr)        SIGNATURE: \_\_\_\_\_

<sup>1</sup> In keeping with 64F-3, F.A.S., of 383.216(10)F.S., which states in part, "there shall be no more than one member who represents any one agency or organization. There shall be no more than one voting representative of the same agency or organization from a county on a coalition."

<sup>2</sup> In keeping with 10D-113.005 of 383.216(10) F.S. which states in part, "each coalition shall represent health care providers, the recipient community, and the community at large: shall represent the racial ethnic and gender composition of the community."