

Asthma Coalition of Mississippi Member Commitment Form

Name _____

Organization _____

Mailing Address _____

County: _____

Home: _____ Cell: _____

Work: _____

Email _____

Please note: majority of ACM communication will be through email.

REGIONAL COALITIONS:

- Northwest
- Northeast
- Delta
- Tombigbee
- West Central
- East Central
- Southwest
- Southeast
- Coast

I would like to serve and I am able to contribute the most to this work group:
(Please mark only one.)

- Healthcare** (Hospital/Clinical provider, Pharmaceutical Rep, Patient ed.)
- School Health** (School Nurses, School faculty, state and non-profit agencies)
- Environment** (Indoor air quality, Workplace/Occupational, DEQ)
- Data/Surveillance** (Dept of Health, Health Ins: Medicaid/Managed Care, DEQ)
- Community** (Individual/families, Faith-based Orgs, Housing auth., B&G, YMCA)
- Advocacy** (Legislation, Policies, Public Education/Awareness)

- I am interested in serving as Chair/Co-Chair for this work group.*

Please return form to:
Jennifer Cofer, MPH, CHES
Director of Community Resources
American Lung Association of Mississippi
P.O. Box 2178 Ridgeland, MS 39158
601.206.5810 office
601.206.5813 fax
jcofer@alams.org

