



If you would like to join the Partnership for a Healthy Texas in our fight against obesity, please complete the information below:

First Name _____ Last Name _____ Credentials _____

Title/Profession _____ Date: _____

Agency/Company _____

Address: _____ Apt/Suite # _____

City: _____ ST _____ Zip Code: _____ - _____

Telephone: _____ / _____ - _____ Ext: _____ FAX: _____ / _____ - _____

Email: _____

Would you like to be listed on our letterhead? _____ Resource _____ Active Member

Are you a member of any other coalition/advisory committee? YES NO

If so, could you please list and briefly describe its/their mission:

Please list professional organizations of which you are a member:

Please describe why you would like to join the Partnership for a Healthy Texas:

Area of interest (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Worksite Wellness | <input type="checkbox"/> Built Environment |
| <input type="checkbox"/> Recess | <input type="checkbox"/> Coordinated School Health |
| <input type="checkbox"/> Nutrition/Nutrition Education | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> Farm to School | <input type="checkbox"/> Physical Education/Physical Activity |
| <input type="checkbox"/> After-school programs | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> School Health Advisory Committees _____ | |

Please e-mail or fax completed form to Liza Creel at lcreel@texashealthinstitute.org or 512-600-4946.