



Alaska Tobacco Control Alliance
www.alaskatca.org

Individual Membership Form

Name _____

Address _____

City _____ State _____ ZIP _____

Day Phone _____ Evening Phone _____

Primary E-mail _____

Personal E-mail _____
optional

Please check all that apply:

_____ Count me in! Keep me informed about ATCA's activities and upcoming events.
*You will receive regular (no more than once a week) e-mails from ATCA with news and updates.
You will be eligible to vote for Steering Committee members.*

_____ Keep me informed about ways to **take action** to create a **tobacco free Alaska**.
*You will receive occasional advocacy alerts or specific opportunities to take action in your
community or region.*

If asked, I would be willing to:

_____ Write or add my name to a letter to the editor of my local paper

_____ Meet with policymakers to advocate for tobacco policy change

_____ Testify at a local public hearing

_____ Attend a local event (*conference, meeting with elected officials, Town Hall or assembly
meeting, public health focused events*)

_____ Donate time or resources to ATCA's work

_____ Other (*please specify*) _____

_____ I have a story I am willing to share about a friend, loved one or my own experience
fighting tobacco addiction.

Please send your completed form in order to join the Alaska Tobacco Control Alliance.

E-mail alaskatca@gmail.com

Fax 907.222.5426

Mail

Alaska Tobacco Control Alliance (ATCA)

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