

VIRGINIA ARTHRITIS AND FALLS PREVENTION COALITION MEMBERSHIP APPLICATION

Welcome to the Virginia Arthritis and Falls Prevention Coalition (VAFPC)! All VAFPC members are encouraged to attend meetings, provide expertise and knowledge to other Coalition members, and participate on a committee. Committees will be based on a Virginia Five Year Strategic Plan, which will be developed by VAFPC.

Name: _____

Title and Agency (if applicable): _____

Address: _____

Phone Number: (work, home, cell): _____

Email address: _____

Organization Website: _____

Please list any Arthritis or Falls Prevention activities you or your organization are involved in or provide:

As we form VAFPC Committees, it would be helpful to know your interest(s). Please list any areas such as education, policy, program development, fund development, or other areas of interest below:

As a VAFPC member, I am committed to:

- Sharing my expertise and knowledge with other Coalition members.
- Attending VAFPC meetings on a regular basis.
- Promoting VAFPC membership to others.
- Participating on VAFPC committees.

Signature: _____ **Date:** _____

Please email this form to:

Karen C. Day, Arthritis Coalition Coordinator

Virginia Department of Health

karen.day@vdh.virginia.gov