Take Heart Alaska Coalition Membership Form

Welcome to the Take Heart Alaska Coalition! Please provide your contact information and review the expectations for membership. We will follow up with an orientation packet and connect you with the coalition's workgroup(s) you might be interested in joining.

Contact Information

Name							
Organization				Title			
Address							
City				State		ZIP	
Day Phone			Cell Phone optional				
Preferred E-mail							
Perspective(s) choose all that apply	□ Health care	□ Education	🗆 Pr	evention	□ Policy	□ Live fami	d Experience (self, ly, loved ones)

Expectations of Coalition Members

- Participate in coalition meetings: attend in-person and teleconference meetings each year
- Stay informed about coalition activities and events
- Share knowledge, best practices, opportunities and resources with other coalition members
- Build professional relationships and network with other coalition members across the state
- Participate in at least one workgroup to help implement the strategic plan (see below)

Areas of Interest

Take Heart Alaska has a strategic plan with 3 goal areas. Goals 1, 2 and 3 each have a workgroup to implement these goals (see goals/workgroup options below). All coalition members share a common goal to *strengthen the statewide and community partnerships*. This is overseen by the Steering Committee, who also serves as leadership of the coalition overall. **What area(s) interest you?** *Check all that apply.*

- Goal/Workgroup 1: Increase Education + Engagement
- **Goal/Workgroup 2: Promote Early Detection** (of cardiovascular disease)
- Goal/Workgroup 3: Support Quality Management + Treatment

By signing below, I join Take Heart Alaska! I understand the expectations of members.

Signature

Date

Please send your completed form to:

heart@alaska.gov

ATTN: Take Heart Alaska Heart Disease and Stroke Prevention Program P. O. Box 110614 Juneau, Alaska 99811-0614