



A L A S K A  
TOBACCO CONTROL ALLIANCE  
[www.alaskatca.org](http://www.alaskatca.org)

## Membership Application

*Complete in black ink or type and submit to the ATCA c/o Information Insights, Box 73490, Fairbanks, AK 99707. Applications can be e-mailed to [atca@ialaska.com](mailto:atca@ialaska.com) or faxed to (907) 450-2470.*

Name: \_\_\_\_\_ Date \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Job Title/Description: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Postal Mail Address: \_\_\_\_\_

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**References to become an ATCA member:** (required for steering committee approval)

In an effort to preserve the integrity of ATCA and our mission statement, we request 2 references from ATCA members OR 2 community references with contact information that could verify your interest in tobacco prevention efforts.

**Reference:**

**Contact information:**

**Reference:**

**Contact information:**

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**Describe your involvement in tobacco prevention and control:**

**Do you have a specific area of interest with in tobacco control that you would like to share with other ATCA members?**

**Do you or your organization serve any special populations, if so please list?**