



Alaska Tobacco Control Alliance  
www.alaskatca.org

## Individual Membership/Support Form

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

Home/Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

### Preferred method of contact:

\_\_\_\_\_ E-mail (PDFs) or \_\_\_\_\_ U.S. Postal Service

### Please check ALL that apply:

\_\_\_\_\_ Yes, keep me informed on ATCA's activities and the latest in the battle against Big Tobacco.  
(you'll receive weekly e-mails from ATCA with news and updates and be eligible to vote for Steering Committee members)

\_\_\_\_\_ Yes, keep me informed about opportunities to **take action** to create a **tobacco free Alaska**.  
(you'll receive specific advocacy-related updates opportunities)

### If asked, I would be willing to:

\_\_\_\_\_ Write or add my name to a letter-to-the-editor

\_\_\_\_\_ Meet with policy makers to advocate for tobacco policy change

\_\_\_\_\_ Testify at local public hearings

\_\_\_\_\_ Attend occasional local events (meetings with elected officials, Town Hall meetings, public health rallies)

\_\_\_\_\_ Donate time or resources

\_\_\_\_\_ Other

**Do you have a story you are willing to share about a friend or loved one or about your own experience fighting tobacco addiction?**

\_\_\_\_\_ Yes \_\_\_\_\_ No