



[www.breathefreematsu.org](http://www.breathefreematsu.org)

## Membership Application

*Complete in black ink or type and submit to the BFM c/o Alaska Family Services 1825 South Chugach St. Palmer, AK 99645 or applications can be e-mailed to [claudiad@akafs.org](mailto:claudiad@akafs.org).*

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

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

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

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

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

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

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

**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 BFM members?**

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