



MEMBERSHIP / SUPPORT FORM

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Please check all that apply:

I support the work of Breathe Free Mat-Su and its effort to eliminate secondhand smoke from workplaces and public places in the Mat-Su Valley.

I would like to become a member of Breathe Free Mat-Su.

If asked, I would be willing to:

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

Testify at local public hearings

Represent coalition at local public events (health fairs, chamber of commerce meetings, parades, etc.)

Donate time or resources