

# FY2021 Membership Application

**Individual Voting Member: \$50** (not be representing entire organization)

**Agency Voting Member: \$100** (one fee for all participating agency members)

**Non-Voting Individual /Agency: \$0** (emails, quarterly meeting attendance only)

## Billing Information:

Paying on Behalf of:    Myself            Organization            Individual

Name \_\_\_\_\_

Agency: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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

## Which workgroup will you be participating in this year?

Community Advocacy & Education: prevention, cessation, & control policies

Clinical & Health Systems: Connect clinicians, health care systems, & facilitate prevention.

Business: Develops and facilitates comprehensive tobacco-free policies & cessation.

Non-participating member, updates only.

## Conflict of Interest Statement:

I hereby certify (or as a representative of my organization, I hereby certify) that, to the best of my knowledge and belief, no facts exist relevant to any past, present or currently planned interest or activity (financial, contractual, personal, organizational or otherwise) which relate to the proposed work; and bear on whether I have (or the organization has) a possible conflict of interest with respect to (1) being able to render impartial, technically sound, and objective assistance or advice; or (2) being given an unfair competitive advantage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT:

### Online:

[Utah Tobacco Free Alliance: Home](http://UtahTobaccoFreeAlliance.org)

Utah-tobacco-free-alliance.square.site

### Check:

Utah Tobacco-Free Alliance (UTFA)

P.O. Box 520336, SLC, UT, 84152-0336