



**UTAH TOBACCO-FREE ALLIANCE  
FY18 MEMBERSHIP APPLICATION  
(July 1, 2017 – June 30, 2018)**

- **Voting Member (Individual):** Required individual membership dues: \$50 (May include students, healthcare professionals, community members, etc. who will not be representing their employer/organization while participating in UTFA.)
- **Voting Member (Agency):** Required agency membership dues: \$100 (May include local health departments, state health department, non-profit agencies, etc. who will be representing their employer/organization while participating in UTFA.)
- **Non-Voting Member (Individual or Agency):** Membership dues not required.

**Please list your contact information:**

Name \_\_\_\_\_

Agency \_\_\_\_\_

Home Address \_\_\_\_\_

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

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Text Y/N

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

I would prefer information sent to my Home Address / Work Address

I would like to be involved with one or more of the following workgroups:

- Community Advocacy and Education
- Health Systems
- Clinical
- Business

**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 of 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: \_\_\_\_\_

**Please return this completed form along with your membership payment to:**

Utah Tobacco-Free Alliance (UTFA),  
P.O Box 520336, Salt Lake City, UT 84152-0336