

# Healthy South Jordan Coalition

*Promoting healthy lifestyles in our community.*

## *Membership Application*

Membership type: (please circle)    Member(\$50/yr)    Expert Member(\$75/yr)    Non-profit Member (FREE)

Would you like volunteer on our committee? (please circle)    Yes    No

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

Business Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business email: \_\_\_\_\_

Description of products and/or services provided by business: \_\_\_\_\_

\_\_\_\_\_

Business Contact Name/Title: \_\_\_\_\_

Contact phone numbers: \_\_\_\_\_

Contact address: \_\_\_\_\_

Contact email address: \_\_\_\_\_

I would like my customers to receive a monthly email Healthy Newsletter and I will provide their contact emails via \_\_\_\_\_

*(Note: All contact information will be kept private and will not be used for any purpose other than sending out Coalition newsletters)*

**I hereby certify that I have received a copy of the Healthy South Jordan Coalition bylaws and agree to abide by them. I also agree to not hold the Healthy South Jordan Coalition, the Coalition Board, sponsors, members or volunteers liable for any harm incurred as a result from participating with the Healthy South Jordan Coalition.**

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

For office use only:

Payment of \_\_\_\_\_ received on \_\_\_\_\_

Customer contact information received on \_\_\_\_\_

Proof of expert credentials received on \_\_\_\_\_

Receipt sent to member on \_\_\_\_\_