Howard County LHIC Membership Application (2017-2018)

Mission: Howard County's Local Health Improvement Coalition works to achieve health equity in Howard County and to identify and reduce health disparities.

Vision: All residents of Howard County will have access to health care and health outcomes will be equitable for all.

Core Values: • All stakeholders have a voice • Evidence-based • Collaboration • Transparency • Inclusive of Howard County's diverse community

If you are joining as an organization (government agency, nonprofit, community group, etc.), please complete all sections except II.
If you are joining as an individual community member, please complete sections II, III, and VII.

I. Organization Information

Organization Name: _____

Organization Address: _____

_____

Organization Phone: _____

Organization Website: _____

II. Individual Community Member Information (FOR INIDIVIDUAL MEMBERS ONLY)

Name: _____

Address: _____

E-mail: _____

Phone: _____

Preferred Workgroup: _____

III. Statement of Interest: I/We are interested in participating on the LHIC because:

_____

_____

IV. I represent, or our organization serves, populations that are affected by health disparities by providing services and resources that address the following social determinants of health: (please check all that apply)

☐ Access to Care ☐ Education ☐ Employment ☐ Food Assistance ☐ Health ☐ Housing ☐ Transportation

V. All organizations please complete this section.

Please list all Non-voting organizational representatives:

Last Name	First Name	Title	Email	Phone	Preferred Workgroup

(continued)

Last Name	First Name	Title	Email	Phone	Preferred Workgroup

VI. If your organization would like to have a voting representative, please complete this section. Each organization will have a single vote on the LHIC.

Voting Representative:

(last name)	(first name)	(title)	(email)	(phone)	(preferred workgroup)

This individual has authority, on behalf of the organization, to:

☐ Establish relationships ☐ Generate ideas ☐ Set policy ☐ Plan activities ☐ Implement activities

☐ Assign resources ☐ Commit staff time ☐ Sign position papers ☐ Evaluate ☐ Make recommendations

Proxy Voting Representative:

(last name)	(first name)	(title)	(email)	(phone)	(preferred workgroup)

This individual has authority, on behalf of the organization, to act in the capacity of the Voting Representative named above only in the event that individual is unable to participate.

VII. Signature.
Organizations: Signature of Executive Director, CEO, or other authorizing individual.
Community Members: Your signature; title is optional.

Printed Name	Title	Signature	Date