



COALITION FOR A  
TOBACCO-FREE  
**UTAH**

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

## FY10 Membership Application (July 1, 2009 – June 30, 2010)

- Voting Member (Individual):** I am interested in being a voting member and able to contribute the required individual membership dues: \$25.00
- Voting Member (Agency):** We are interested in being a voting member agency and able to contribute the required agency membership dues: \$100.00
- Non-Voting Member (Individual or Agency):** I am willing and able to contribute my time and effort on behalf of the Coalition for a Tobacco Free Utah.

### Please fill in your contact information:

Name \_\_\_\_\_

Agency \_\_\_\_\_

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

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

Work Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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 subcommittees:

- Healthcare  Worksites  Special Populations
- Membership  Advocacy  Finance

### Conflict of Interest

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: \_\_\_\_\_

Please return this completed form along with your membership payment to:  
Coalition for a Tobacco Free Utah (CTFU)  
P.O. Box 520336  
Salt Lake City, UT 84152-0336