Howard County LHIC Membership Application (2015-2016)
Due by September 24, 2015

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, IV, and VII. (Individuals have voting rights but do not need to complete section V.)

I. Organization Information

Organization Name: _____

Organization Address: _____

_____

Organization Phone: _____

Organization Website: _____

II. Individual Community Member Information

Name: _____

Address: _____

_____

Phone: _____

Preferred Workgroup: _____

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

_____

IV. I represent, or our organization works with, the following populations that are affected by health disparities: (please check all that apply)

☐ African-American ☐ Latino ☐ Asian ☐ Foreign-born and/or undocumented

☐ Elderly ☐ Disabled ☐ Uninsured ☐ Low-income ☐ Sexual Orientation or Gender Identity ☐ Other _____

V. 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

VI. All organizations please complete this section.

Non-voting Representatives:

Last Name	First Name	Title	Email	Phone	Preferred Workgroup

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

Printed Name	Title	Signature	Date

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