



# Maine Network of Healthy Communities

## New Member or Partner Application Form

**Name of Coalition:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name of Alternate:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Joining as a Member: \_\_\_\_\_ Joining as a Partner \_\_\_\_\_

(Please see attached for requirements of being a Member & Partner)

Please do not write below this line.

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### Board Action:

Membership Accepted on \_\_\_\_\_  
(date)

Name of Board Member: \_\_\_\_\_

Name of Alternate: \_\_\_\_\_

Membership Denied on \_\_\_\_\_  
(date)

Comments:

Signed:

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*Maine Network of Healthy Communities is a statewide network of community coalitions working to enhance physical, social, emotional, environmental and economic health in Maine.*