



## Minnesota Asthma Coalition Membership Application

The Minnesota Asthma Coalition (MAC) has been developed by the American Lung Association of Minnesota (ALAMN) in conjunction with the Minnesota Department of Health (MDH) to enhance the quality of life for people with asthma in Minnesota. In applying to become a member of the Minnesota Asthma Coalition, you agree to support the above stated mission of the MAC. It should be noted that currently there are no membership dues.

Application for: (Check one)

Individual Membership       Organizational Membership

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

As the majority of MAC's business is conducted electronically, we require all active coalition members have an e-mail address. If you are interested in continuing as an Active MAC Member, we request that you reply and include your email address above.

I would like to be an active coalition member

I would like to be an associate member

1- (For Organizational Membership) Please provide the mission statement of your organization:

\_\_\_\_\_  
\_\_\_\_\_

2- Why do you want to become a member of the Minnesota Asthma Coalition:

\_\_\_\_\_  
\_\_\_\_\_

3-How did you hear about MAC?

---

---

4 - What expertise or support will you or your organization bring to the Minnesota Asthma Coalition:

---

---

---

5- (For Organizational Membership) Who will be your primary representative to the Minnesota Asthma Coalition:

- Name:

---

- Address (if different from above):

---

---

- Telephone: \_\_\_\_\_ ? Fax: \_\_\_\_\_ ?

- e-mail: \_\_\_\_\_

6- Please indicate which regional coalition you or your organization will be able to participate in (check one) :

- Central Minnesota Regional Asthma Coalition (St. Cloud Area)
- East Central Regional Asthma Coalition (Mora / Kanabec Co. Area)
- North East Regional Asthma Coalition (Duluth-Iron Range Area)
- North West Regional Asthma Coalition (Bemidji-Thief Rivers Falls Area)
- South Central Regional Asthma Coalition (Mankato-Albert Lea Area)
- South East Regional Asthma Coalition (Rochester-Winona Area)
- South West Regional Asthma Coalition (Marshall -Willmar Area)
- Metro Regional Asthma Coalition (Seven County Metro Area)
- West Central Regional Asthma Coalition (Alexandria -Fergus Falls Area)

Signature \_\_\_\_\_

Date \_\_\_\_\_

( It should be further noted that all Minnesota Asthma Coalition meetings, both Regional and Statewide, are open to the general public. If would like information regarding the status of your application or a schedule of meetings, please contact the Minnesota Asthma Coalition at 651-268-7601.)

-----  
(Do not write below this line – For internal use only.)

Date received: \_\_\_\_\_

Date reviewed by the MAC Regional Coordinator / MAC Manager: \_\_\_\_\_

Comments: