



Membership Agreement

Thank you for your interest in becoming a member of Tobacco Free Missouri! The mission of TFM is to work statewide to reduce the burden of tobacco use and eliminate secondhand smoke for all Missourians through education and policy change. As a member, you agree to:

- Promote and support TFM's vision and mission.
- Contribute resources (e.g., information, volunteer time, financial support).
- Participate in TFM meetings and activities.
- Represent TFM in a respectful and professional manner.
- Provide advice on bylaw revisions, membership, communications, and policy issues.
- Eliminate and disclose any conflicts of interest (e.g., members will not have relationships with the tobacco industry).

As a member of TFM, you can expect to be treated with respect and equality at all times. Benefits include:

- Voting privileges at annual meeting and eligibility for board membership.
- Technical assistance and resources.
- Training opportunities led by staff and consultants.
- Receipt of quarterly newsletters.
- Timely notification about tobacco control news/events via email updates.
- Opportunity to provide input and feedback.
- Access to best and promising practices.
- Networking opportunities with professionals at the state and national levels.

There are no membership dues at this time, though donations are appreciated and can be made securely online at tobaccofreemo.org. TFM will utilize donations to support and sustain the vision and mission of the coalition. TFM will always conduct itself in a legal and ethical manner, and seriously commits to its fiduciary responsibility.

Please complete the Membership Application and submit via email, or mail to: Tobacco Free Missouri c/o Kendre Israel, 700 Rosedale Ave., CB 1009, Saint Louis, MO 63112. For more info, please call 314.935.3746 or email info@tobaccofreemissouri.org.

Creating a healthier Missouri by eliminating the burden of tobacco



Submit by Email

Print Form

Membership Application

Name: _____

Organization and Title (if applicable): _____

Local health or tobacco control coalition I belong to: _____

Home Address (To receive action alerts on legislative issues, the following information is needed.)

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Senate District #: _____ Name of local State Senator: _____

House District #: _____ Name of local State Representative: _____

State legislators you know or have contacted: _____

PRIVACY POLICY: We will not share or sell your personal or work data with any other groups or organizations.

Take Action! I'm willing to...

<input type="checkbox"/> Contact my elected officials	<input type="checkbox"/> Attend events
<input type="checkbox"/> Join my local coalition	<input type="checkbox"/> Enter data
<input type="checkbox"/> Knock on doors	<input type="checkbox"/> Make phone calls
<input type="checkbox"/> Write letters to the editor	

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FOR OFFICE USE ONLY: Date application received: _____ Date approved/entered into system: _____