



## Membership Application

Organization \_\_\_\_\_ Date: \_\_\_\_\_

Web site address \_\_\_\_\_

### Organization Representative to P.A.D. Coalition

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

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

Mission of organization \_\_\_\_\_

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

Number of members \_\_\_\_\_

Current or future activities, if any, related to P.A.D. \_\_\_\_\_

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

### Membership category (please check one):

**Full members:** National public health and professional health care societies and nonprofit organizations, inclusive of Charter members, whose mission is fully concordant with that of the Coalition.

**Liaison Members:** Limited to government agencies and any other not-for-profit public health and professional organizations whose bylaws and traditions may limit joining the Coalition, but who wish to coordinate their mission and activities with that of the Coalition.

**Associate Members:** Regional or national nonprofit organizations with an interest in Coalition activities, but with a lesser stake in national P.A.D. public and clinician education. This category will include consumer advocacy groups, regional health organizations, regional screening programs, and research associations.

**Supporters:** For-profit corporations (e.g., pharmaceutical, medical device manufacturers) and for-profit and nonprofit hospitals, health plans and health systems that choose to aid the Coalition in its public health efforts. Supporters will be invited to use Coalition messages, thereby expanding P.A.D. message dissemination.

Please complete and return to:

The PAD Coalition ■ 1075 S. Yukon St. Suite 320 ■ Lakewood, CO 80226  
301-524-1535 • voice ■ 303-989-0200 • fax ■ e-mail: [info@padcoalition.org](mailto:info@padcoalition.org)