



Member Enrollment Form

Contact Information	
Name:	Credentials:
Organization:	
Position/Job Title:	
Street Address:	
City:	State:
Zip Code:	Phone Number:
Email Address:	

Interests								
<p>Please indicate your interest in working on issues related to the following areas. Check all that apply.</p> <table> <tr> <td><input type="checkbox"/> Breastfeeding</td> <td><input type="checkbox"/> Worksites</td> </tr> <tr> <td><input type="checkbox"/> Early Childhood/Child-Care</td> <td><input type="checkbox"/> Older Adults</td> </tr> <tr> <td><input type="checkbox"/> Schools (K-12)</td> <td><input type="checkbox"/> Faith-Based Organizations</td> </tr> <tr> <td><input type="checkbox"/> Health Care</td> <td><input type="checkbox"/> Communities</td> </tr> </table>	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Worksites	<input type="checkbox"/> Early Childhood/Child-Care	<input type="checkbox"/> Older Adults	<input type="checkbox"/> Schools (K-12)	<input type="checkbox"/> Faith-Based Organizations	<input type="checkbox"/> Health Care	<input type="checkbox"/> Communities
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<input type="checkbox"/> Health Care	<input type="checkbox"/> Communities							
<p>Please indicate your interest in working to address health disparities among the following populations. Check all that apply.</p> <table> <tr> <td><input type="checkbox"/> Race/Ethnicity</td> <td><input type="checkbox"/> Gender</td> </tr> <tr> <td><input type="checkbox"/> Socioeconomic Status</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Rural/Urban</td> <td></td> </tr> </table>	<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Gender	<input type="checkbox"/> Socioeconomic Status	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Rural/Urban			
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<input type="checkbox"/> Rural/Urban								

Skills

Please indicate the types of skills that you have and are interested in contributing to IHWI. *Check all that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Data collection/analysis | <input type="checkbox"/> Law and policy analysis |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Conducting presentations/trainings |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Meeting facilitation |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Media outreach | <input type="checkbox"/> Website development/maintenance |
| <input type="checkbox"/> Social networking | <input type="checkbox"/> Writing and editing |
| <input type="checkbox"/> Grassroots organizing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Minority outreach | |

Additional Information

Please list any relevant advisory councils or task forces in which you participate.

Please list the top three obesity prevention/intervention resources in your community (if known).

- 1.
- 2.
- 3.

Please list any groups or individuals that you think should be invited to be a part of IHWI.

Questions?

Contact April Hammerand, Coalition Coordinator, at ahammerand@inpha.org or 317-456-7565.

Indiana Healthy Weight Initiative
www.inhealthyweight.org
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