



## 2012 Membership Agreement

**Who is eligible to become a VOTING member of the North Carolina Alliance for Health:** Voting members are those organizations and individuals that support the NCAH mission and have a paid membership agreement in good standing. Please refer to the Membership Application for Proposed Membership Dues Contributions.

**Mission:** The NC Alliance for Health (NCAH) works to improve the health of North Carolinians by advocating policies that promote wellness and reduce the impact of tobacco use and obesity.

**Members are asked to make a serious commitment to the NCAH by actively participating in the following ways:**

- 1) To the extent possible, the provision of in-kind services (such as providing meeting space; administrative and materials support; providing training and technical assistance; direct advocacy/lobbying; providing expert testimony; policy development and analysis; etc).
- 2) Encourage attendance by key organization staff or volunteers at NCAH membership and committee meetings.
- 3) Active participation in at least one NCAH committee. Committees will provide the primary opportunities to contribute to the development of policy positions and strategies as well as organizational structure and process. NCAH members are encouraged to participate in as many committees as they have time and resources to devote, though members are expected to participate in at least one *policy* committee, as the organization's focus is on policy advocacy. Please select your committee(s) of interest on the membership application.
- 4) Support of the NCAH Legislative Agenda and/or policy positions by each organization and its members.
- 5) Promotion of the NCAH Policy Agenda and/or policy positions through each organization's network such as via e-mail listservs, newsletters and the like (example: forward a legislative update on NCAH issues).
- 6) NCAH members give permission to use their names on all NCAH documents and in connection with actions/policies approved by members. Organizations not wishing to have their name printed on NCAH documents may submit a written request to the NCAH Executive Director, Chair or Treasurer.
- 7) Adherence to the NCAH's informal operating guidelines that include the following:
  - We will strive to make our decisions by consensus;
  - If consensus cannot be achieved, decisions will be made by a two-thirds majority vote of eligible NCAH members present and voting. Eligible NCAH members are those in good standing, who have submitted a Membership Agreement and paid dues.
  - Each eligible NCAH member, whether individual or organization, in attendance at meetings will have a right to share views and shall be entitled to one vote.
  - All persons in attendance may choose to abstain from voting when appropriate.
- 8) Membership Revocation/Withdrawal-Any member who fails to meet the membership requirements or is determined to have a material and/or perceived conflict of interest with the mission or goals of the NCAH may be removed at any time by the Executive Committee. Any organization being considered for removal may request a vote on the matter by the full NCAH membership. A vote by the NCAH membership on such a matter will supercede a vote by the Executive Committee.

I have read and agree to the terms of this Membership Agreement.

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Signature

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Date



# 2012 Membership Application

To become a member of the North Carolina Alliance for Health, please return this application with a check for membership dues to:

**Membership Dues Contributions (add'l contributions welcome)**

**North Carolina Alliance for Health**  
 c/o Lee Storrow, American Heart Association  
 3131 RDU Center, Suite 100,  
 Morrisville, NC 27560

Organizational Budget	Proposed Dues*
\$100,000 or less.....	\$250
\$100,001 - \$200,000.....	\$350
\$200,001 - \$300,000.....	\$450
\$300,001 - \$400,000.....	\$550
\$400,001 - \$500,000.....	\$650
\$500,001 - \$600,000.....	\$750
\$600,001 - \$700,000.....	\$850
\$700,001 - \$800,000.....	\$950
\$800,001 - \$900,000.....	\$1050
over \$900,001.....	\$1150
<u>Student Member</u> .....	\$25
<u>Individual Member</u> .....	\$100
<u>Contributing Member</u> .....	\$2500
<u>Sustaining Member</u> .....	\$5000
<u>Chairman's Circle Member</u> .....	\$10,000
<u>Health Hero Member</u> .....	\$25,000

**Please make checks payable to:**  
 NC Pediatric Society Foundation  
 (in memo line: North Carolina Alliance for Health)

*\* NCAH does not wish to keep any organization from participating in NCAH activities due to financial concerns. Any organization which finds it difficult to pay the proposed dues amount in full is encouraged to work with Alliance Treasurer, Steve Shore, to determine a workable dues amount.*

*\*\*NCAH also encourages members to pay more than their requested dues amount when possible. Like many in this challenging economy, NCAH is facing a shortage of funds in 2010.*

**Please check one:** \_\_\_\_\_ I am joining on behalf of my organization. \_\_\_\_\_ I am joining as an individual or student.

**Name of Organization or Individual:** \_\_\_\_\_

**Name of Organization Contact Person:** \_\_\_\_\_

**NCAH Delegate (if other than contact person):** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

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

**Please designate one or more of your committees of interest:**

- |  |  |
|--|--|
| <input type="checkbox"/> Tobacco Prevention Policies | <input type="checkbox"/> Governance              |
| ___ Excise Tax                                       |  |
| ___ Tobacco Settlement Issues                        | <input type="checkbox"/> Finance and Fundraising |
| ___ Secondhand Smoke Policy                          |  |
| <br>   | <input type="checkbox"/> Media and Grassroots    |
| <input type="checkbox"/> Obesity Prevention Policies |  |
| ___ Physical Education/ Activity                     |  |
| ___ Nutrition  |  |
| ___ Built Environments                               |  |

Enclosed is my organization's NCAH Membership Application and dues in the amount of \$\_\_\_\_\_. Please list my organization's name on NCAH membership materials and as a supporter of the NCAH Legislative Agenda. I understand my organization will receive voting privileges by joining the NCAH.

Additional in-kind contribution that my organization can contribute (such as copying, printing, providing lunch, hosting meetings, staff time for administrative work, grassroots, media, or advocacy efforts):

\_\_\_\_\_

A financial contribution cannot be made at this time but my organization would like to participate in NCAH activities and be listed as a supporter of the NCAH Legislative Agenda. My organization offers the following in-kind support:

\_\_\_\_\_ **(over)**