



MEMBERSHIP COMMITMENT TO SUPPORT THE MISSION AND GOALS OF THE METROPOLITAN OMAHA TOBACCO ACTION COALITION

The bylaws of the Metropolitan Omaha Tobacco Action Coalition (MOTAC) require that all members, as individuals and/or as organizations, sign a commitment to support the mission and goals of MOTAC each year. Membership runs from May to the following May – expiring at the Annual Meeting. A new membership form is required every year to maintain membership in MOTAC.

The mission of MOTAC is to prevent/reduce tobacco use and the accompanying health and economic consequences in the Omaha area via prevention through public policy and education by an effective community coalition. The goals for which this coalition is established are as follows:

1. Increase the capacity from diverse groups and stakeholders
2. Reduce tobacco use among all populations in Douglas County
3. Reduce exposure to secondhand smoke among all populations in Douglas County

I, _____, (please print) as an individual and/or as a representative of _____

(print name of organization, when applicable) support the mission and goals of MOTAC.

Signed: _____ Date: _____

I want to:

- ___ Become an active member (attend regular coalition meetings).
 - ___ New Member
 - ___ Sustaining Member (renewing membership)
- ___ Become an advocate member (participate in grassroots efforts in tobacco prevention).

I am willing to:

- ___ Help with fundraising
- ___ Work on policy advocacy opportunities
- ___ Work on media advocacy opportunities
- ___ Serve in a leadership position
- ___ Contact my elected officials
 - ___ Help me find out who they are
- ___ Volunteer for special projects/events
- ___ Work on website
- ___ Help with grant-writing
- ___ Work on a committee
- ___ Translate materials or at events:
 - Language _____

How did you hear about MOTAC?

- ___ Brochure
- ___ Newspaper
- ___ Media ads
- ___ Work
- ___ Other _____

Contact Information	
Name: _____	
Agency: (if applicable) _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	E-Mail: _____

Return to: MOTAC, c/o Tobacco Prevention Specialist, Region 6 Behavioral Healthcare, 3801 Harney Street, Omaha, NE 68131 or FAX: (402) 444-7722