



## Membership/Volunteer Application

**Complete in ink and submit to:**

*Peninsula Smokefree Partnership*

**P.O Box 1612, Soldotna, Alaska 99669**

**Fax: (907) 260-3682**

**For more information, call (907) 260-3682**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Job Title/Description: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Describe your involvement in tobacco prevention/education: \_\_\_\_\_

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