



# NORTH TEXAS ASTHMA CONSORTIUM MEMBERSHIP FORM

## User Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Title: \_\_\_\_\_ Department: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address Type: Home Work

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Interests:** (Please select any interests that you may have)

Environment \_\_\_\_\_ Medical Management \_\_\_\_\_

Member & Public Relations \_\_\_\_\_ Patient & Community Education \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Statement:** We value the relationships we have with our members and future members and therefore, the North Texas Asthma Consortium will not send you any unsolicited information, including email regarding any commercial offers or advertisements at any time