

Asthma Coalition of Idaho Member Registration Form

Date: _____

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Work Phone: _____

Email: _____

I have received a copy of the Asthma Coalition of Idaho by-laws Yes No

I would like to participate as an: Active member Information-only member

If you would like to participate on one of the committees, please indicate which committee:

Education Environmental Communications and Policy Clinical Care

Please return this form to:

Trevor Newby
Idaho Asthma Prevention and Control Program
450 W State St, 6th floor
Boise, ID 83720
Email: newbyt@dhw.idaho.gov
Fax: (208) 334-6573
Phone: (208) 334-5947