



Application for Membership

To: Chairpersons, New York City Asthma Partnership

From: _____

Date: _____

1. I am interested in becoming a member of NYCAP:

If you are applying for membership, please check the committee(s) in which you will participate:

- Early Childhood
- Health Care Delivery
- Community Asthma Education
- Schools
- Data and Research
- Environment

2. I would like to be a NYCAP member representing:

- Myself, as an individual
- The following institution, agency or organization: _____

3. My contact information is as follows:

Title: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ ext. _____ Fax number: _____

E-mail address: _____

4. By signing below, I verify that I have read and that I understand the Vision, Mission, and Rules of Operation of the New York City Asthma Partnership

(sign here)

5. By signing below, I verify that I have read and that I agree to abide by the New York City Asthma Partnership’s Conflict of Interest Policy

(sign here)

Please return this completed application to Bonita Henry, New York City Asthma Partnership, c/o New York City Department of Health & Mental Hygiene, 120 Wall Street, 25th Floor, CN 46, New York, NY 10005. Or fax to (212)361-2169. Thank you.