

Healthy Children Coalition for Parker County Member Application

Vision: Parker County, where families choose healthy and active lives.

GENERAL INFORMATION (Please Print)

Organization (Official name) _____

Representative _____ Title _____

Supervisor Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____ Business Phone () _____

Fax () _____ Cell Phone () _____

E-mail _____ Website _____

Brief Description of your organization (or Bio if individual). Attach separate sheet if necessary.

Personal Interest/Goal of Joining _____

Special Skills or Talents _____

Current/Past community involvement in children's health issues: _____

Of our existing work groups, I prefer to serve on: _____ _____

Return form to:

marilyn.nappier@cookchildrens.org

or fax to 682-885-4909 or mail to

Marilyn Nappier– Cook Children's Community Health Outreach

801 Seventh Avenue, Fort Worth, Texas 76104

Led by:

