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Appendix B

Network Statewide Collaborative Membership Agreement

I, _____ (the undersigned individual) representing the _____ (name of organization) support the mission as stated in Section 3 of the NSC Handbook and objectives of *Network for a Healthy California* (*Network*) as a member of the *Network* Statewide Collaborative (NSC).

Member type (select one):

☐ **Member At-Large** (see section 8 of the handbook for roles and responsibilities)

☐ **Program Representative** (see section 9 of the handbook for roles and responsibilities)

As a member of the NSC I support the goals of the *Network* as follows:

- **Empowerment** - Give help to Californians by providing the tools, resources, messages, and inspiration to help themselves.
- **Champions** - Work tirelessly on their behalf to make sure their voices are heard and needs are addressed.
- **Agents for Change** - Always seek innovative means to create more desirable ends for the people we serve, the environment they live in and the systems that support them.

Furthermore, I will work to support the *Four Pillars* of the *Network*:

- Increasing Fruit & Vegetable Consumption
- Increasing Physical Activity Levels
- Increasing Food Security
- Increasing Chronic Disease Prevention

We anticipate that the *Network for a Healthy California* programs will be funded in future years, and on behalf of my organization/agency, we will remain a committed partner for a period of at least two years.

Additionally, I can commit the following resources of my group or organization:

_____

_____

Representative Information

Representative Name: _____

Title: _____ Credentials/Degrees: _____

Organization/Agency: _____

Mailing Address: _____

Appendix B

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Other Phone: _____ Email Address: _____

Organization/Agency Information

Region (See Appendix I for *Network* Regional Map)

- ☐ Bay Area
- ☐ Central Coast
- ☐ Central Valley
- ☐ Desert Sierra
- ☐ Gold Coast
- ☐ Gold County
- ☐ Los Angeles
- ☐ North Coast
- ☐ Orange County
- ☐ San Diego and Imperial
- ☐ Sierra Cascade

Counties Served:

Type of Organization/Agency (Choose All That Apply):

- ☐ Individual
- ☐ Federal Government
- ☐ State Government
- ☐ County Government
- ☐ City Government
- ☐ Community Based Organization
- ☐ Indian Tribal Organizations
- ☐ Faith-Based Organization
- ☐ Commission / Board
- ☐ Schools / After School Programs
- ☐ Colleges / University
- ☐ Food Pantries /Food Banks
- ☐ Farmers' Markets
- ☐ Retail

Target Audience

Gender:	Age:		Ethnicity:	
☐ Both	☐ All ages	☐ 12 to 17	☐ All Ethnicities	☐ Latino
☐ Female	☐ Under 5	☐ 25 to 54	☐ African American	☐ Native American
☐ Male	☐ 5 to 8	☐ 55 to 64	☐ Asian	☐ Pacific Islander
	☐ 9 to 11	☐ 65+	☐ Caucasian	☐ Other (Please write in): _____

Intervention Channel (Specific) Choose All That Apply:

- ☐ After School Programs
- ☐ Community Based Organizations
- ☐ Community Youth Organizations
- ☐ Community Clinics
- ☐ Day Cares / Pre-Schools
- ☐ Farmers Markets
- ☐ Faith/Churches
- ☐ Festivals
- ☐ Food Stamp
- ☐ Food Banks/Pantry/Soup Kitchens
- ☐ Grocery Stores
- ☐ Health Care Facilities
- ☐ Indian Tribal Organization
- ☐ Job Readiness Centers
- ☐ Private Homes
- ☐ Parks and Recreation Centers
- ☐ Policy-Informing Representatives
- ☐ Public Health Departments
- ☐ Schools (K-12)
- ☐ Senior Center
- ☐ WIC Sites
- ☐ Other (Please write in): _____

I have read and understand my role and responsibilities as stated in Appendix C as a *Network* Statewide Collaborative Member.

_____ Representative Signature

_____ Date