

2009 Membership Form

Organization Name:

Person(s) Representing Organization:

Mailing Address:

Telephone: _____ **Fax:** _____

Email: _____

Projects (please select one):

_____ **Health Care Worker Immunization Education**

_____ **Marketing OSAIC**

_____ **Minority Community Outreach**

Ongoing Projects (check one or more):

_____ **Tool Kits (Provider/Community)**

_____ **Reimbursement Workshop**

_____ **Influenza Hotline**

Please feel free to select both Projects and Ongoing Projects!

Mail your completed membership form to:

Ocean State Adult Immunization Coalition
P.O. Box 2057
Kingston RI 02881

Or fax it to: (401) 788 - 9542