

OSAIC 2011 Membership Form

Name:

Position:

Organization:

Mailing Address:

Email:

Telephone:

 Fax:

Workgroups: (please select one):

Vaccine Disparities

Health Care Worker Vaccine Initiative

OSAIC Marketing & Development

Forward completed membership form to:

mfalvey@osaicri.org Or

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

Or fax it to: (401) 276 - 7896