



Network for a Healthy California—African American Campaign **Advisory Sub-Committee Membership Form**

Thank you for your interest in supporting the *Network for a Healthy California—African American Campaign* Subcommittee. The role of this committee is to provide leadership, advocacy and advice pertaining to the promotion of *healthy eating, physical activity and community empowerment* among underserved African American adults and families. Please answer the following, mail or fax to address below, and we will contact you.

Agency: _____

Address _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Email: _____

Fax: () _____

My organization serves: (check all that apply)

African-Americans Latino/Hispanics Asian-Pacific Islanders White
 American Indian other: _____

My organization promotes health initiatives in the area of (check all that apply):

nutrition physical activity diabetes cancer

other: _____ does not promote health initiatives

I am not available to meet with other members at this time, but keep me informed.

The best times that I am available to meet with other subcommittee members are:

Day Afternoon Evening Weekday Weekend Anytime

My agency would be willing to provide space for a subcommittee meeting.

Please return to: Cynthia Robinson

crobinson@healthedcouncil.org

Network for a Healthy CA—African-American Program Coordinator

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