Who is eligible to become a VOTING member of the North Carolina Alliance for Health: Voting members are those organizations and individuals that support the NCAH mission and have a paid membership agreement in good standing.

Members are asked to make a serious commitment to the NCAH by actively participating in the following ways:

1) To the extent possible, the provision of in-kind services (such as providing meeting space; administrative and materials support; providing training and technical assistance; direct advocacy/lobbying; providing expert testimony; policy development and analysis; etc).

2) Encourage attendance by key organization staff or volunteers at NCAH membership and committee meetings.

3) Active participation in at least one NCAH committee. Committees will provide the primary opportunities to contribute to the development of policy positions and strategies as well as organizational structure and process. NCAH members are encouraged to participate in as many committees as they have time and resources to devote, though members are expected to participate in at least one policy committee, as the organization’s focus is on policy advocacy. Please select your committee(s) of interest on the membership application.

4) Support and promotion of the NCAH Legislative Agenda and/or policy positions, including promotion through your organization’s network such as via e-mail listservs, newsletters, etc. (example: forward NCAH legislative updates).

5) It is assumed NCAH members give permission to use their names on all NCAH documents and in connection with actions/policies approved by members. Organizations not wishing to have their name printed on NCAH documents may submit a written request to the NCAH Executive Director, Chair or Treasurer.

6) Adherence to NCAH’s informal operating guidelines that include the following:
   - We will strive to make our decisions by consensus;
   - If consensus cannot be achieved, decisions will be made by a two-thirds majority vote of eligible NCAH members present and voting. Eligible NCAH members are those in good standing, who have submitted a Membership Agreement and paid dues.
   - Each eligible NCAH member, whether individual or organization, in attendance at meetings will have a right to share views and shall be entitled to one vote.
   - All persons in attendance may choose to abstain from voting when appropriate.

7) Membership Revocation/Withdrawal – Any member who fails to meet the membership requirements or is determined to have a material and/or perceived conflict of interest with the mission or goals of the NCAH may be removed at any time by the Executive Committee. Any organization being considered for removal may request a vote on the matter by the full NCAH membership. A vote by the NCAH membership on such a matter will supercede a vote by the Executive Committee.

By becoming a dues paying member of NCAH, your organization will receive:

- Collaboration on a comprehensive tobacco-use and obesity prevention legislative agenda;
- A voice and a vote in NCAH’s tobacco and obesity policy priority setting process;
- Quality staff promoting NCAH’s policy priorities;
- Legislative updates and action alerts to share with your membership and grassroots networks;
- Quarterly information-sharing meetings;
- The opportunity for NCAH education and advocacy trainings for your board, staff and members

☐ I have read and agree to the terms of this Membership Agreement.

______________________________    ________________________
Signature                              Date
To become a member of the North Carolina Alliance for Health, please return this application with a check for membership dues to:

Memberships (add’l contributions welcome)

<table>
<thead>
<tr>
<th>Organizational Budget</th>
<th>Proposed Dues*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100,000 or less</td>
<td>$350</td>
</tr>
<tr>
<td>$100,001 - $200,000</td>
<td>$450</td>
</tr>
<tr>
<td>$200,001 - $300,000</td>
<td>$550</td>
</tr>
<tr>
<td>$300,001 - $400,000</td>
<td>$650</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>$700,001 - $800,000</td>
<td>$1050</td>
</tr>
<tr>
<td>$800,001 - $900,000</td>
<td>$1150</td>
</tr>
<tr>
<td>over $900,001</td>
<td>$1250</td>
</tr>
</tbody>
</table>

Student Member .................. $25  
Individual Member ................. $100  
Contributing Member ............. $2500  
Sustaining Member ............... $5000  
Chairman’s Circle Member ....... $10,000  
Health Hero Member .............. $25,000  

Please check one:  _____ I am joining on behalf of my organization.  _____ I am joining as an individual or student.  

Name of Organization or Individual: ________________________________________________  

Name of Organization Contact Person: _______________________________________________

NCAH Delegate (if other than contact person): _________________________________________

Mailing Address

City __________________________________________ State __________ Zip __________

Phone __________________________________ Fax __________________________________

E-mail ____________________________________________________________

Please designate one or more of your committees of interest:

- Tobacco Prevention Policies
  - Excise Tax
  - Tobacco Settlement Issues
  - Secondhand Smoke Policy

- Obesity Prevention Policies
  - Physical Education/ Activity
  - Nutrition
  - Built Environments

- Governance
- Finance and Fundraising
- Media and Grassroots

Enclosed is my organization’s NCAH Membership Application and dues in the amount of $_______. Please list my organization’s name on NCAH membership materials and as a supporter of the NCAH Legislative Agenda. I understand my organization will receive voting privileges by joining the NCAH.

Additional in-kind contribution that my organization can contribute (such as copying, printing, providing lunch, hosting meetings, staff time for administrative work, grassroots, media, or advocacy efforts):

A financial contribution cannot be made at this time but my organization would like to participate in NCAH activities and be listed as a supporter of the NCAH Legislative Agenda. My organization offers the following in-kind support:

Please make checks payable to:  
NC Pediatric Society  
1100 Wake Forest Road #200  
Raleigh, NC 27604

(in memo line: North Carolina Alliance for Health Project)  
All contributions are tax deductible.

* NCAH does not wish to keep any organization from participating in NCAH activities due to financial concerns. Any organization that finds it difficult to pay the proposed dues amount in full is encouraged to work with Alliance Treasurer, Elizabeth Hudgins, to determine a workable dues amount.

** NCAH also encourages members to pay more than their requested dues amount when possible. Like many in this challenging economy, NCAH continues to face a shortage of funds in 2016.