

**Mothers & Others for Clean Air
COALITION MEMBERSHIP FORM**

Please complete and return this form confirming your participation in the Mothers & Others for Clean Air Coalition so that we may add your organization to the growing list of supporters for clean and healthy air in Georgia.

- | Yes | No | Mothers & Others for Clean Air Participation Checklist |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. We sign the Mothers & Others for Clean Air pledge. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. You may use my organization's name on public statements. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. My organization will host a meeting with our members or constituents to learn more about Mothers & Others for Clean Air. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. My organization will distribute informational materials. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. I will communicate with my legislators (write, email, visit) about air quality and health issues. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. My organization will provide a link to the Mothers & Others for Clean Air website from our organizational website. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. My organization will publish Mothers & Others for Clean Air articles in our newsletter. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have read the information above and agree to participate in the Mothers & Others for Clean Air Coalition. |

Contact Name	
Date	
Title	
Organization	
Address	
City	
State	
Zip	
County	
Phone	
Fax	
Email	
Number of Members	
Website	

Who told you about the Mothers & Others for Clean Air Coalition?

Name/Organization	
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Attention: Rebecca Watts Hull, Program Manager/Fax # (404) 872-9229