



MEMBERSHIP AGREEMENT AND INFORMATION FORM

Membership is open to agencies, organizations, groups and individuals that have a commitment to the prevention of infant mortality and related disparities and/or advocacy related to these issues. The agency, organization, group or individual must be in agreement with the Mission Statement and Purpose of the Ohio Collaborative to Prevent Infant Mortality.

Contact Information:

Name: _____ Title: _____ Date: _____
 Agency/Organization: _____
 Credentials: _____
 Mailing address: _____
 Telephone: _____ Cell Phone: _____
 E-mail: _____

Do you represent the above mentioned organization and/or another organization on the OCPIM?

- Yes, please specify: _____
- No, individual membership only

May we list your organization and provide your contact information on our membership list?

- Yes
- No

MEMBER INVOLVEMENT: I will be involved in the OCPIM in the following ways (check all that apply):

- I will participate in quarterly meetings of the full membership.** I will make a best effort to attend all meetings. If I am unable to attend, I will make every effort to send a designee to represent my organization in my place. I understand that there may be additional communication in between meetings by e-mail or conference call.
- I will participate in an action group.** This requires participation in meetings and communications via e-mail or conference call.

- Health Equity/Social Determinants of Health and Eliminating Racism
- Optimal Women’s Health Before, During and After Pregnancy
- Premature/Preterm Births
- Birth Defects
- Optimal Infant Health
- Reduce Smoking Before, During and After Pregnancy
- Fatherhood Involvement in Maternal and Child Health

- I would be interested in serving on the following action groups, if formed.** (Please provide recommendation in the space below)



- I am interested in serving as an action group chairperson on one of the potential action groups in the above list. indicate action group interest area(s):
- I am unable to attend meetings at this time but would like to participate as a member in other ways. Please choose from the participation options listed below.
- I can include OCPIM information in my organization's newsletter. Specify newsletter name(s):
- I can link my agency/organization's website to the OCPIM website. List your agency's URL:
- I can serve as a link to specific populations for information dissemination, program promotion, advocacy efforts, etc. Specify population(s):
- I can serve on the planning committee for the next Infant Mortality Summit.
- I can offer meeting space. Specify location & meeting room capacity:
 - With conference call capabilities
 - With Webinar capabilities
- Other, please specify (e.g., refreshments, resources, etc.)
- I would like to help in another way or clarify the above information. Please tell us:
- I am unable to be an active member at this time but would like to remain on the OCPIM email list to receive regular communications and updates from the group. I will not be listed as a Member.

Please email or fax your completed form to the OCPIM coordinator. You may also turn in your form at a quarterly meeting. Email: danielle.michael@odh.ohio.gov.