



**Member Commitment Letter**

Our organization/Individual \_\_\_\_\_ is committed to be an active member of the Fresno County Breastfeeding Coalition (FCBC). Members are dedicated to its vision, goals, and strategies that have been and/or will be decided by the Coalition. We are committed to the planning and collaboration that the Coalition will undertake. We acknowledge the contributions and expectations of other Coalition members. Benefits of the membership include access to Coalition website and its resources, educational events, connection to other members and participation in establishing annual priority goals to maximize health equity and community.

**As general evidence of our/my commitment, we/I agree to do the following:**

- Attend Coalition meetings and activities or send representative
- Authorize representative to make decisions on our behalf, except for decisions about \_\_\_\_\_.
- Read minutes/written materials to keep abreast of coalition decisions and activities.
- Disseminate relevant information to organizations members or employees through electronic mailing lists, websites, and newsletters.
- Keep Coalition informed of our organization or community related activities as applicable.
- Adhere to the WHO (World Health Organization) code.

**Our organization/I will commit the following resources to the Coalition** (Please check all that apply):

- Access to our volunteers for Coalition tasks
- Financial commitment (Specify amount: \$ \_\_\_\_\_)
- In-Kind contributions of time, material resources, meeting space, refreshments, and incentive items (Specify: \_\_\_\_\_)
- Connections to other organizations/individuals (Specify: \_\_\_\_\_)
- Other, specify: \_\_\_\_\_

Name of Representative/Individual (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

Preferred Method of Contact- Email/Phone/Text/Other (circle one): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Add additional representative info on next page*

Name of Representative/Individual (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

Preferred Method of Contact- Email/Phone/Text/Other (circle one): \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Representative/Individual (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

Preferred Method of Contact- Email/Phone/Text/Other (circle one): \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Representative/Individual (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

Preferred Method of Contact- Email/Phone/Text/Other (circle one): \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Representative/Individual (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

Preferred Method of Contact- Email/Phone/Text/Other (circle one): \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Representative/Individual (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

Preferred Method of Contact- Email/Phone/Text/Other (circle one): \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_