



PARTNERSHIP FOR A HEALTHIER ALEXANDRIA
GENERAL MEMBERSHIP FORM

Membership Criteria

Partnership membership is open to Alexandria community residents, Alexandria service providers, representatives of local organizations, agencies or commissions, faith organizations, Alexandria business owners and anyone else interested in promoting and preserving a healthier Alexandria.

I/we _____(individual/agency/organization) agree to serve as an active member of the *Partnership for a Healthier Alexandria* and **agree to do one or more of the following:**

- Promote improving the health and well-being of people living, working and playing in Alexandria.
- Support and/or participate in the implementation of Alexandria's Community Health Improvement Plan.
- Support and/or participate in the activities of one or more *Partnership* priorities (the *Partnership's* priorities are list on the next page).
- When possible, provide resources (time, meeting space or funding) to help implement the Alexandria Community Health Improvement Plan.
- Participate in the *Partnership's* semi-annual membership meetings.

Contact Information:

Name: _____

Position/Title: _____

Organization/Agency (if applicable): _____

Address: _____

Phone Number: _____

E-mail Address: _____

Please send your completed membership form to healthieralexandria@alexandriava.gov. If you have questions, please contact Allen Lomax, Chair, *Partnership for a Healthier Alexandria*, either via telephone at 703-578-3054 or email at Aclomax@aol.com.

The *Partnership for a Healthier Alexandria*'s eight priority areas for 2014-2019, as identified in the Community Health Improvement Plan, are:

- Access to Care
- Adolescent Health and Well-being
- Aging Well in Place
- Clean and Smoke Free Air
- Healthy Eating and Active Living
- HIV/AIDS Prevention and Care
- Maternal and Child Health
- Social Stigma of Mental Illness (Mental Health, including Social Stigmatization)