**Customizable Template**

**Coalition Name and Logo in top left**

[INSERT COALITION NAME]

**END THE SALE OF TOBCCO IN YOUR COMMUNITY-**

**JOIN OUR COALITION**

Tobacco continues to be the leading cause of preventable death, **taking the lives of**

**nearly 40,000 Californians every year.**

The tobacco industry has killed millions of Americans and harmed tens of millions

more, all while targeting kids and historically disenfranchised communities, driving up

healthcare costs, and poisoning the environment with toxic waste. In California, both

state and local governments have the power to end the sales of all tobacco products.

Join your community members and leaders who support policies to save lives and

protect public healthy by ending the sale of [INSERT TOBACCO PRODUCT].

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to list your organization as a Coalition for Tobacco Free Communities member in coalition-related materials, advertisements, website, and/or social media posts, as appropriate?

Yes / No

We need your help! Are you interested in volunteering your time for campaign activities?

Yes/No

What skills or experience do you currently possess that you might volunteer to support this campaign?

* Event Planning
* Media Advocacy (LTE, Op Ed, etc.)
* Graphic Design
* Grassroots Organizing (door knocking, phone calls)
* Coalition Building/Recruitment
* Other than English language speaker
* Public Speaking
* Social Media Engagement
* Data Collection
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a member of Coalition for Tobacco Free Communities, I support the mission of the coalition and pledge my participation at coalition meetings, subcommittees, coalition sponsored-events, evaluation activities, etc.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_