

New Membership Application



Contact Person

Agency/Organization (If applicable)

Address/P.O. Box

City

State

Zip

Phone Number

Fax Number

E-mail Address

Website

Administrator/Executive Director/CEO Name

What are your primary reasons for joining HYP? Please check all that apply.

- Networking Program Collaboration Workgroups
 Research/Data Best Practices Other (Please specify) _____

Individual/Organization Description

Individuals: Please describe interest in Partnership, expertise, resources, or talents.

Organizations: Provide your mission, organization description, and your relation to HYP.

Which HYP Workgroups/committees interest you?

- | Value to HYP Partners | Saint Louis Public School District Health and Wellness Policy | Other HYP Efforts |
|---|---|--|
| <input type="checkbox"/> Full Partnership Meeting Workgroup | <input type="checkbox"/> Health and Wellness Education | <input type="checkbox"/> Jennings School District Health and Wellness Policy Committee |
| <input type="checkbox"/> Annual HYP Conference Committee | <input type="checkbox"/> Physical Education and Physical Activity | <input type="checkbox"/> Food Policy Council |
| <input type="checkbox"/> HYP Membership Committee | <input type="checkbox"/> Health Services | <input type="checkbox"/> Web-Based Mapping |
| | <input type="checkbox"/> Healthy School Learning Environment | |
| | <input type="checkbox"/> Nutrition Services | |
| | <input type="checkbox"/> Family and Community Involvement | |
| | <input type="checkbox"/> Health and Wellness Policy Evaluation | |

On behalf of myself and/or my agency/organization, I endorse the efforts of Healthy Youth Partnership (HYP). In making this commitment, I/my organization joins other community partners in supporting the mission of the HYP as follows:

The HYP unites and mobilizes key stakeholders to improve the health of youth in the St. Louis region.

I understand that my/my agency's role will be vital in ensuring the success of this effort and agree to disseminate information to members and constituencies, participate in planning initiatives, serve on a committee, and be a resource to the Partnership. Below is my endorsement, signifying my agreement with these statements.

I understand that the HYP does not discriminate on the basis of age, class, color, culture, disability, ethnicity, family structure, gender, marital status, national origin, race, religion, and sexual orientation. As a member of the Partnership, I agree to treat all partners with respect and dignity.

On the Membership Application, I have provided contact information for my organization. By signing this, I agree that that the Partnership may use the name of our agency on letterhead and any publications regarding the Partnership, conversely, I understand that my agency may identify itself as the member of the HYP. I also understand that my agency's information will not be distributed outside of the Partnership without my consent.

I have read and understand completely the letter of commitment and agree to commit my time and energy to eliminate youth obesity in the metro St. Louis region.



Please mail or e-mail your application, addresses below:

The Healthy Youth Partnership, Inc
910 N. 11th St., Saint Louis, MO 63101
jessica@healthyyouthpartnership.org