



# Colorado Children's Immunization Coalition

## CCIC Member Form and Agreement

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

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter \_\_\_\_\_

I, \_\_\_\_\_ am committed to be an active member of the Colorado Children's Immunization Coalition. I am committed to CCIC's mission to increasing access, delivery and demand for childhood immunizations to keep Colorado healthy. I am committed to promoting the mission of CCIC in the community and acting as an ambassador for CCIC whenever possible.

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

### **I understand that basic membership to the coalition is free and benefits include:**

- Bi-monthly coalition meetings offering networking opportunities, engaging speakers and immunization updates
- Involvement in CCIC's highly active social media networks, including Facebook, twitter, YouTube and parent blogs
- Ongoing educational events with continuing education credits
- The opportunity to host a unique educational event for my organization or practice
- Access to CCIC resources including immunization palm cards, educational brochures, and parent education flyers
- Participation in CCIC's committees
- Monthly CCIC *Shot by Shot* newsletters with vaccine news and updates, event reminders, and spotlights on projects across the state
- Alerts to breaking immunization updates
- Policy updates on legislative and regulatory activities affecting immunization and public health in Colorado
- Placement in the CCIC "New Member Spotlight" on the CCIC website and in the CCIC newsletter
- Opportunities to volunteer with CCIC to help the organization increase childhood vaccination

**If applicable:**

- Programmatic support for my organization including the use of CCIC’s online event registration system, help in event planning, social media tutorials, and assistance in building or strengthening my immunization coalition.
- Listing of my organization’s immunization-related events and/or meetings on CCIC’s website
- Listing of my organization’s immunization clinics on CCIC’s Immunization Referral list

**As general evidence of my commitment, I agree to do the following (check all that apply):**

- Stay actively engaged and abreast of CCIC activities through coalition meetings or meeting notes, newsletters, committees, and or social media
- Promote CCIC as a trusted, local source of accurate information about vaccines
- When possible, volunteer for CCIC events or activities

**Additional Questions**

1. How did you hear about CCIC?
2. Why did you decide to become a CCIC member?
3. What CCIC membership benefits will be most useful for you and why?
4. Are there any benefits not listed that would be useful to you? (please describe)
5. What topics and formats of education would you be interested in?

**I would like to support CCIC with the following tax-deductible donation:**

- \$50       \$100       \$250       Other \_\_\_\_\_

**How would you like to donate?**

- Check Enclosed – Made payable to the *Colorado Children’s Immunization Coalition*
- Credit Card via Pay Pal: You may visit: <http://www.childrensimmunization.org/donate> or provide your information below:

Name on Card \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

*CCIC is a non-profit 501 (c) 3 organization under the federal tax code. sCCIC has not provided you with any goods or services in exchange for this contribution. CCIC will send you a thank you letter detailing your donation’s tax-deductible status. Please retain this document for your records. It is an important document necessary for any available federal income tax deduction for this contribution.*