

## **Coalition Membership Application**

<b>Texas Team Action Coalition</b>
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Name of Organization:				
Address of Organization: _				
Name/Credentials of Orgo	anization's Rep to Texas Tec	am:		
Rep. Title:				
Preferred Mailing Address:	:			
Email:				
Phones - Work:	Home:	Ce	ell:	
Administrative Assistant:				
Email:				
		tion applying for coalition r		
Advocacy Group	Business	Foundation	Heo	althcare Organization
Nursing Organization	School of Nursing	University/Community (	College	
Other (please designate	e):			
		te-wide Designation for Inversence.)		
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		n North Texas Re		
East Texas Region	West Texas Regio	n Upper Rio Gro	ande Region	Panhandle Region

## As a Coalition member, the undersigned organization commits to:

1. Assisting in the achievement in Texas of one or more goals of the IOM report, the Future of Nursing, Leading Change, Advancing Health, via collaboration with other coalition members, lead teams or team leaders. Organization's Priority Goal of Interest:

2. Identifying and pledging to implement one or more specific tactics/actions to meet priority goal(s). Potential tactics to meet the selected goal(s):

3. Identifying, inviting and recruiting another entity to join the Texas Team Advancing Health through Nursing Action Coalition within six months of joining. Potential entities the organization might invite to join the Texas Team:

**4.** Creating at least annually a Campaign for Action presence or focus at an entity/organizational event. Provide examples of how this will be accomplished:

**5.** Assisting with soliciting support for the Texas Team Advancing Health through Nursing Action Coalition. How might the applying organization assist with soliciting support?

6. Providing data to Texas Tactical Support and Operations Team for evaluation purposes. Organization agrees to provide data related to achievement of IOM Future of Nursing goals in Texas: \_\_Yes

7. Resolving conflict/disagreement through a designated conflict resolution process. Organization/entity agrees to resolve conflict/disagreement through appropriate channels and will notify one or more of the Executive Committee members of such conflict if it arises. Together, the organization and Executive Committee will seek resolution through conflict resolution process. **Yes** 

8. Would your organization be interested in also serving as a sponsor organization? Sponsor organizations assist the Texas Team via financial and/or tactical support related to specific areas of interest to the organization. If interested in serving as a sponsor organization you will be contacted with further information to assist in your decision.

\_\_Yes, please contact our organization about sponsorship.

Contact Name/Number: \_\_\_\_\_

Inserting the representative's name below indicates the organization is joining the Texas Team for the duration of the Initiative on the Future of Nursing: Campaign for Action which runs through 2020 and agrees to the above conditions and terms.

Organizational Representative (electronic signature accepted) Date

After completing the application and indicating your consent to be considered for a coalition leadership team position, please save the application before forwarding as an email attachment to <u>TexasTeamCommCenter@gmail.com</u>. If you prefer, you may also save, print and mail in hardcopy your application and to:

Texas Nurses Association 8501 N. MoPac Expy., Suite 400 Austin, TX 78759-8396

Attn: Texas Team Applications

