Instructions for using this template (delete this text): This form was created for state Action Coalitions to use to engage new members. You should add branding and tailor the form to fit your needs. This is meant to be a customizable tool that serves as a resource in helping Action Coalitions succeed in leading to achieve health equity. Please contact Nicole Rozko at nrozko@aarp.org if you have any questions or need any assistance.

**Action Coalition Member Engagement and Contact Form**

Thank you for your commitment to building a healthier America through nursing! We are thrilled that you will be joining the <insert state> state Action Coalition, and helping us work at the local level to build a Culture of Health, health equity, and well-being.

Please confirm your interest and alignment with the Future of Nursing: *Campaign for Action* priorities. Make your selection below and return the completed form to <insert Action Coalition co-lead name and email address>.

|  |  |
| --- | --- |
|  | Yes, I will engage as an Action Coalition member with the <insert state> state Action Coalition to:* **Advance Policy Leadership**
* **Diversify Nursing**
* **Transform Education**
* **Strengthen Interprofessional Collaboration and Multisector Partnering**
* **Strengthen and Sustain Network**
* **Activate Field**
 |

To help us update our records, please fill in your contact information below.

|  |  |
| --- | --- |
| First name: |  |
| Last name: |  |
| Credentials, please list up to three: |  |
| Title: |  |
| Organization: |  |
| Street address: |  |
| City: |  |
| State: |  |
| Zip code: |  |
| Phone number: |  |
| Email address: |  |

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