

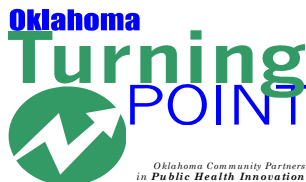


ARE YOU TIRED OF NOT GETTING THE SERVICES YOU AND YOUR FAMILY NEED TO LIVE A LONG, HEALTHY AND ACTIVE LIFE?

REPRESENT YOUR COMMUNITY AND HELP US DEVELOP PATHWAYS TO HEALTH!

ALL YOU NEED TO DO IS MAKE THE COMMITMENT TO SHOW UP AND GET INVOLVED:

- ✓ 10 – 12 meetings lasting one to two hours over the next year.
- ✓ Get your neighbors, friends and families to bring their concerns and ideas to the table
- ✓ Keep your community informed
- ✓ Help to come up with the issues most important to your community





If you would like to participate in your region's committee please fill out the applicant information form below and either e-mail, fax, hand deliver or mail to Alicia Plati at: aplati@tulsa-health.org, (918) 595-4037 (fax), 5051 S. 129th E Ave, Tulsa, OK 74134

Zip code: _____

Health Interests _____

NAME: _____

CITY: _____

WORK PHONE: _____ WORK FAX: _____

WORK E-MAIL: _____

HOME PHONE: _____ HOME FAX: _____

HOME E-MAIL: _____

Please sign below:

I understand that to serve on this subcommittee, I will be asked to attend 8 to 10 meetings annually, and I agree to meet this obligation to the best of my ability.

Signature: _____

Date: _____

Visit our website at www.tulsa-health.org for more information and to print additional copies of this information.