

ASTHMA COALITION OF LOS ANGELES COUNTY MEMBERSHIP AGREEMENT

Mission Statement:

The Asthma Coalition of Los Angeles County acts as a collective, powerful voice for policy and systems change to prevent, minimize and manage the burden of asthma.

Coalition Goals:

The Asthma Coalition's goals are described in the document "*Controlling Asthma in Los Angeles: a Call to Action*". The six key recommendations in the Call to Action comprise the goals of the Coalition, and are:

1. Increase access to and improve quality of health care;
2. Improve indoor air quality in homes and workplaces;
3. Improve asthma management in schools, child care centers, and child care homes;
4. Improve outdoor air quality;
5. Address race/ethnic and socioeconomic disparities; and
6. Strengthen research related to asthma.

Guiding Beliefs and Principles for Working Together:

We, the members of the Asthma Coalition of Los Angeles County, affirm we have a common purpose. Therefore we commit ourselves to act in synergy, to pursue our shared vision by setting aside competitiveness, to pool our resources to achieve our mission, and to share responsibility for the Coalition's successes and challenges.

We believe that consistency of individual participation over time is important and necessary for successful collaboration. Therefore, Coalition members are encouraged to attend all Coalition meetings and events and to take responsibility for staying informed regarding Coalition actions and decisions.

We believe that each Coalition member has a voice. Therefore all opinions are respected and diverse opinions are encouraged.

We believe that developing relationships among Coalition members is key to our successful collaboration. Therefore all members are actively welcomed at meetings and encouraged to greet new members and network with others.

We believe the Los Angeles region is a culturally, linguistically and economically diverse community. Therefore we strive for diversity in our membership.

Statement of Agreement:

As a member of the Asthma Coalition of Los Angeles County, I agree to contribute my time, energy, and what resources I can to achieving the Coalition's goals. I understand and support the Coalition's mission and agree to adhere to the Coalition's Guiding Beliefs and Principles, as well as the Organizational Guidelines.

Signature

Date

Name: _____

Organization: _____

Principal Organization Representative: _____

Alternate Organization Representative: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please fax or email completed form to Monica Morello, MA, MPH at (213) 427-6160 or at mmorello@ph.lacounty.gov