

Smokefree Air Mississippi Coalition

____ **YES.** My organization supports making all Mississippi worksites and public places 100% smokefree.

____ **YES,** I have the authority to make this commitment for my organization

Name: _____

Organization: _____

Title: _____

Contact Person: _____

Address: _____

Email: _____

Cell #: _____ Phone #: _____

Would you like to receive text message updates on your phone? ____ Yes ____ No

Website: _____
Provide if you would like to be linked from the Smokefree Air website

My organization commits to the following:

____ Include smokefree air information in newsletters and other publications

____ Distribute smokefree air information as well as updates and alerts to membership and/or constituents

____ Provide a spokesperson to speak at events, as requested

____ Designate a representative to participate in community events that address Smokefree Air Mississippi

____ Send a representative to Smokefree Air Mississippi Coalition meetings

____ Educate the public about the dangers of exposure to Secondhand Smoke.

For more information, contact the Smokefree Air Mississippi Coalition at 601.420.2414 or www.smokefreeairms.com