



Worcester Healthy Baby Collaborative

Membership Form

Name: _____

Degree/Title: _____

Affiliation/Agency (if any): _____

Contact Information (email, phone): _____

Membership Category

- Member
- Community Friend

If Member, here is a list of expectations:

Contribute resources (staff, funds, time or other relevant in-kind support) to implement activities related to one or more objectives
Commit to participate in one or more work groups or subcommittees for the duration of one year. Subcommittee choice: <input type="radio"/> Data <input type="radio"/> Communication <input type="radio"/> Baby Box
Identify and recruit partners to support objectives and related strategies and activities

Participate in quarterly full collaborative meetings
Allow the use of partner's organization name and/or logo on documents related to the WHBC
Receive quarterly updates on activities of the WHBC through quarterly meetings and electronic communications.
Attend the annual Infant Mortality Summit

If Community Friend, here is a list of expectations:

Participate in quarterly full collaborative meetings
Receive quarterly updates on activities of the WHBC through quarterly meetings and electronic communications.
Attend the annual Infant Mortality Summit