

2018 Statement of Organizational Commitment

Our organization, _____, is committed to be an active and contributing member of the Sexual Health Alliance of Linn & Johnson Counties. As an agency; we are committed to the vision, goals, objectives and strategies that have been decided by The Alliance.

As general evidence of our commitment, we agree to do the following:

Appoint a representative(s) to attend meetings and activities.

Authorize said representative to make decision on our behalf, except for decisions regarding _____.

Read minutes, reports and newsletters to keep abreast of decisions and/or activities.

Disseminate relevant information to organizational members or employees through listservs, websites and newsletters.

Keep The Alliance informed of organization's related activities.

Name of Organization: _____

Name of Appointing Agent (Director/Supervisor): _____

Signature of Supervisor: _____

Name of Appointed Representative: _____

Signature of Representative: _____

Date: _____

I hereby give permission to the Sexual Health Alliance to use any photographic images that result from participation in coalition activities (meetings, outreach events, etc.) in any form of marketing or promotion, including the website, Facebook page, and any future social media sites that the coalition may create and operate.

Yes, I give my permission

No, do not use my image