



*Harambee African American Tobacco Prevention & Health
Network*
MEMBERSHIP APPLICATION FORM

Name: _____

Congregation/Agency: _____

Address: _____

City/State/Zip: _____

Work Phone: _____

Email: _____

Do you or someone you know have any special skills or resources to support our health & wellness initiative? Please share their contact information if known or have them contact the Network.

Harambee African American Tobacco Prevention & Health Network
Betty O. Sawyer, Director
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Ogden, Utah 84401
(801) 394-0924



The TRUTH
to quit, call: **1.888.567.TRUTH**