



**Texas Team Advancing Health through Nursing
Coalition Membership Application for Businesses**

Name of Business:
Address of Business:

Business Representative to Team Texas & Title:

Preferred Mailing Address: **E-Mail Address:**

Work Phone: **Cell Phone:**

Administrative Assistant: **E-Mail Address;**

Please Select a Regional Designation or a Statewide Designation for Involvement:

Statewide Designation: Regional Designation:

If regional designation - Select one or more regions as appropriate from attached map

- Central Texas Region
- North Texas Region
- East Texas Region
- Upper Rio Grande Region
- Gulf Coast Region
- South Texas Region
- West Texas Region
- Panhandle Region

As a Coalition Member, the undersigned Business commits to:

1. Assisting in the achievement of one or more of the IOM Future of Nursing goals in Texas via collaboration with other coalition members, lead teams, or team leaders.
2. Identifying and pledging to implement one or more specific tactics/actions to meet priority goal(s).
3. Identifying, inviting, and recruiting another entity to join the Texas Team Advancing Health through Nursing Coalition within 6 months of joining.
4. Creating a Campaign for Action presence/focus at Business events at least annually.
5. Assisting with soliciting support for Texas Team Advancing Health through Nursing.

Would your Business be interested in also serving as a sponsor Business? Yes No

Sponsoring businesses assist the Texas Team via financial and/or tactical support related to specific areas of interest to the Business. If interested in serving as a sponsor Business you will be contacted with further information to assist in your decision.

Signature below indicates the Business is joining the Texas Team for the duration of the Initiative on the Future of Nursing Campaign which runs through 2020 and agrees to the above conditions and terms.

Signature of Business Representative: _____
(Electronic signature accepted)

Date: [Click here to enter a date.](#)