Instructions for using this template (delete this text): This form was created for state Action Coalitions to use to engage new members. You should add branding and tailor the form to fit your needs. This is meant to be a customizable tool that serves as a resource in helping Action Coalitions succeed in leading to achieve health equity. Please contact Nicole Rozko at nrozko@aarp.org if you have any questions or need any assistance.

**Action Coalition Member Engagement and Contact Form**

Thank you for your commitment to building a healthier America through nursing! We are thrilled that you are joining the <insert state> state Action Coalition and helping us work at the local level to promote health equity and well-being.

Please confirm your interest and alignment with the Future of Nursing: *Campaign for Action* priorities. Make your selection below and return the completed form to <insert Action Coalition co-lead name and email address>.

|  |  |
| --- | --- |
|  | Yes, I will engage as an Action Coalition member with the <insert state> state Action Coalition to:* **Foster and unleash the power of equity-minded nurses to advance health equity and disrupt structural racism.**
* **Strengthen, grow, and diversify nursing at all levels.**
* **Increase equitable access to care by nurses.**
* **Strengthen, diversify, and engage the *Campaign* stakeholder network to implement Future of Nursing 2020-2030 National Academy of Medicine recommendations.**
 |

To help us update our records, please fill in your contact information below.

|  |  |
| --- | --- |
| First name: |  |
| Last name: |  |
| Credentials, please list up to three: |  |
| Title: |  |
| Organization: |  |
| Street address: |  |
| City: |  |
| State: |  |
| Zip code: |  |
| Phone number: |  |
| Email address: |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_