

Alaska Diabetes Coalition

Membership Form

Welcome to the Alaska Diabetes Coalition! Please provide your contact information and review the expectations for membership. We will follow up with an orientation packet and connect you with the coalition's workgroup(s) you might be interested in joining.

Contact Information

| | | | | | | |
|---|--------------------------------------|------------------------------------|-------------------------------------|--------------------------------------|--|--|
| Name | | | | | | |
| Organization | | | | Title | | |
| Address | | | | | | |
| City | | | | State | ZIP | |
| Day Phone | | | | Cell Phone <i>optional</i> | | |
| Preferred E-mail | | | | | | |
| Perspective(s) <i>choose all that apply</i> | <input type="checkbox"/> Health care | <input type="checkbox"/> Education | <input type="checkbox"/> Prevention | <input type="checkbox"/> Policy | <input type="checkbox"/> Lived Experience (self, family, loved ones) | |

Expectations of Coalition Members

- Participate in coalition meetings: attend in-person and teleconference meetings each year
- Stay informed about coalition activities and events
- Share knowledge, best practices, opportunities and resources with other coalition members
- Build professional relationships and network with other coalition members across the state
- Participate in at least one workgroup to help implement the strategic plan (see below)

Areas of Interest

The Alaska Diabetes Coalition has a strategic plan with 4 goal areas. Goals 1, 2 and 3 each have a workgroup to implement these goals. Goal 4 is overseen by the Steering Committee, who also serves as leadership of the coalition overall. **What area(s) interest you? Check all that apply.**

- Goal 1: Evidence-based Programs** for diabetes prevention and self-management
- Goal 2: Education and Outreach** for diabetes prevention, wellness and healthy lifestyles
- Goal 3: Tools for Self-Management** for those living with prediabetes and diabetes
- Goal 4: Maintain an Active, Committed Coalition** of partners to achieve our vision

By signing below, I join the Alaska Diabetes Coalition! I understand the expectations of members.

Signature

Date

Please send your completed form to: diabetes@alaska.gov

ATTN: Alaska Diabetes Coalition
Alaska Diabetes Prevention & Control Program
3601 C Street, Suite 722
Anchorage, AK 99503