

PARTNERSHIP FORM

The Active Living Network envisions a day when physical activity is once again an integral part of daily life in America. As a partner of the Active Living Network, I agree to investigate and promote the connection between places and health and work to create environments and policies that support active living.

Check One:

Organizational Partner Individual Partner

Please complete the contact information below.

Name _____

Title _____

Organization _____

Street Address _____

City, State, Zip Code _____

Phone _____

Fax _____

Email _____

Website _____

Contact information will only be shared with other Active Living Network partners.

Please do not share my contact information

How many people do you or your organization reach each year?

(Including members, constituents, staff, students, conference attendees, etc.)

How are you willing to help raise awareness about active living?

Please check all that apply

- Write an article in organizational newsletter
- Submit an article to a professional journal
- Submit a quote for use in materials
- Give presentations about active living at conferences and/or meetings
- Organize conference session on active living
- Teach a class or deliver a lecture on elements of active living

Other: _____

Signature: _____ Date: _____

Please return this form to:

The Active Living Network, 1932 1st Ave, Suite 507, Seattle, WA 98101, Attn: Welling Savo Justin
Or Fax to 206-374-7798

If you have questions, please email Welling Savo Justin at welling@pyramidcommunications.com.