



Follow us [Facebook](http://www.facebook.com/LatinoFHC) <http://www.facebook.com/LatinoFHC> [Hotline 980-500-9541](tel:980-500-9541) PO.BOX # 1021 400 Gilead Rd, Huntersville, NC, 28070 [info@latinofhc.org](mailto:info@latinofhc.org)

# DO YOU DESIRE THE UNITY OF ENTITIES TO STRENGTHEN OUR COMMUNITY?

## BECOME A MEMBER OF THE FAITH AND HEALTH COALITION

Our VISION is to create a healthier, more comprehensive, reliable, and safer community.

Represent and influence decision-making to improve the quality of life for the Latino community in Mecklenburg and other North Carolina counties.

MISSION: With your support we will build "trusted relationships with the city, the county and other entities where decisions are made. We will develop and promote activities that help build trust and unity in the community.

Strengthening the leadership of the communities of Faith with the health systems and the city to influence and generate changes in our community".

*\*Faith and Health Objectives*

### Membership Benefits

- Access to educational presentations and trainings to gain direct access to hundreds of resources
- Direct information to your email
- Opportunity for representation and leadership among large-scale systems
- You will have priority for obtaining resources in community events
- Opportunity to advertise your organization and give it greater prominence
- Opportunity to learn and serve on various committees and positions: Chair, Vice Chair; Secretary; Civic Participation Committee; Health and Welfare Committee; Communications and Relations Committee; Education Committee; Economic Development Committee

Please indicate if you are interested in serving on any committee or nominating yourself or someone else for a vacant position\*

*\*Request information on vacancies*

NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

**INDIVIDUAL MEMBERSHIP (\$15)** \_\_\_\_\_ **ORGANIZATION/CHURCH (\$100)** \_\_\_\_\_ **SUPPORT DONATION** \_\_\_\_\_

ORGANIZATION NAME'S: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONES: \_\_\_\_\_

WEBSITE, FACEBOOK OR OTHER IF YOU HAVE IT: \_\_\_\_\_

Please provide a brief description of your organization, services you offer or would like others to know about:

\_\_\_\_\_

Emails where you wish to receive information (if it is an organization you can include several):

All membership fees are due annually. Reminder invoices will be sent early next year to the email you provide. Be sure to update your information. If you need a receipt or invoice, please let us know by sending an email to: [info@latinofhc.org](mailto:info@latinofhc.org) Make the check payable to **FAITH AND HEALTH LATINO COALITION** or directly deposit at the **Cooperativa Latina Credit Union** in checking **account #90426856** or send it to our address indicated above.