

# Twin Counties Partnership for Healthier Communities



## MEMBERSHIP AGREEMENT

The intent of this agreement is to capture the commitment and expectations of the *Twin Counties Partnership for Healthier Communities* and its membership.

Our organization, \_\_\_\_\_, is committed to be an active member of *Twin Counties Partnership for Healthier Communities*. We are committed to the mission, goals, objectives, and strategies that have been and/or will be decided by *Twin Counties Partnership for Healthier Communities*. We are committed to the planning and collaboration that the *Twin Counties Partnership for Healthier Communities* undertakes and understand that it will take time. We acknowledge the contributions and expectations of all members of *Twin Counties Partnership for Healthier Communities*. Benefits of participation include: quarterly membership meetings, access to *Twin Counties Partnership for Healthier Communities* website and its resources; information on funding opportunities, professional development and trainings opportunities; relevant information; educational events, and connection/support to other members.

The **Twin Counties Partnership for Healthier Communities** is a network of like-minded people working together proactively and strategically to promote and support a community culture of health, wellness and unity in the Twin Counties.

### VISION

Through an engaged and empowered network of groups and individuals, the Twin Counties Partnership creates and promotes opportunities to improve health and well-being in our communities.

### MISSION

The Twin Counties Partnership serves as a collaborative network of community partners to share information and ideas, develop collective approaches for addressing health issues and promote and implement a culture of health through successful initiatives.

### CONSTITUENCY

The Twin Counties Partnership seeks to improve the health and wellness outcomes of **all** residents of the Twin Counties.

### We agree to do the following:

- Appoint a representative(s) to attend *Twin Counties Partnership for Healthier Communities* meetings and activities.
- Attend ALL quarterly meetings. There's an expectation that if the primary representative is not available to attend, you must identify and designate an organizational representative to attend in his/her stead. It is the responsibility of the designator to educate his/her designee about *Twin Counties Partnership for Healthier Communities* and relevant decision-making.
- Authorize that representative to make decisions on our behalf, except for decisions regarding \_\_\_\_\_ [specify exceptions, if appropriate].
- Participate in at least two *Twin Counties Partnership for Healthier Communities* sponsored activities, events per year.
- Review notes, reports and newsletters to keep abreast of *Twin Counties Partnership for Healthier Communities* decisions and activities.
- Disseminate relevant information to organizational members, employees, and/or community residents through listservs, websites, and newsletters.
- Keep *Twin Counties Partnership for Healthier Communities* informed of our organization's related activities and up-to-date contact information. *Please note contact information will be shared on the community resource portal.*
- Sponsorships, endorsements, and the usage of the *Twin Counties Partnership for Healthier Communities* brand must be pre-approved by the Partnership Coordinator. Please submit all requests in writing at least 14 days prior to the pending deadline.

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**Specifically, I/our organization will commit the following resources to the Twin Counties Partnership for Healthier Communities:**

- Access to our volunteers and staff for *Twin Counties Partnership for Healthier Communities* tasks and activities (workgroups, events, logistics)
- A commitment of resources, examples include: contributions of staff time & expertise, financial resources, meeting space, material resources, refreshments, incentive items \_\_\_\_\_(Specify)
- Connections to other key organizations/individuals \_\_\_\_\_(Specify)

Organization \_\_\_\_\_

Primary Representative \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Action Board Chair \_\_\_\_\_ Date \_\_\_\_\_

**If for any reason, you need to withdraw your membership, please do so within 30 days by contacting the Twin Counties Partnership for Healthier Communities Coordinator.**