



Membership Application

PERSONAL INFORMATION

Name: _____
 Organization: _____
 Address: _____
 County: _____
 Phone: _____
 Fax: _____
 Email: _____

MEMBERSHIP TYPE *(please check only one type):*

Active Membership

Individual _____ *or Organization* _____

- Participate in Coalition meetings and activities;
- Receive mailings and notices;
- Eligible to vote;
- Eligible to hold elected office within the Coalition;
- Note that as an Active Member you need to participate in at least one of the following Standing Committees (Please check which one(s) you are interested in serving on):

Access _____ Communication _____ Development _____
 Public Policy _____ Research and Surveillance _____ Workforce _____
 Maternal and Prenatal Care _____ Fluoridation _____

Associate Membership

Individual _____ *or individual representing an Organization* _____

- Receive mailings and notices;
- Encouraged to attend general membership meetings;
- Welcome to speak on an issue at meetings.

Sponsor Membership

Individual _____ *or Organization* _____

- Involvement solely entails direct financial support or in-kind support of the Coalition;
- Encouraged to attend general membership meetings;
- Receive mailings, notices and special recognition.

Personal Statement *(please briefly describe why you would like to join the NYSOHC):*

How did you find out about the Coalition?

Note: Electronic Applications can be found at the coalition website www.nysohc.org. Please see attached Conflict of Interest Statement and Legal Liability Policy from the NYSOHC Rules of Operation that needs to be reviewed, signed and then returned by you. Thank you.

Conflict of Interest and Legal Liability Policy from the NYSOHC Rules of Operation

1. NYSOHC members shall not be financially interested in any action made by the Coalition or any action they take in their capacity as Coalition members.
2. A NYSOHC member, who maintains a direct or indirect financial interest in any action considered by the Coalition, shall disclose the interest during the Coalition meeting and have the disclosure specifically noted in the minutes of that meeting. The affected Coalition member shall not vote or debate the matter in conflict or attempt to influence any other Coalition member on the subject in question.
3. A member of the NYSOHC shall not accept compensation, gifts, favors or other benefits from an individual, firm or organization for work performed as a Coalition member.
4. The NYSOHC shall not endorse any person, company, product or procedure without the specific approval of the Steering Committee. Any contributions from corporations or foundations will be disclosed by the NYSOHC to its members and the public.
5. NYSOHC members shall not use their official capacity in the Coalition to solicit or otherwise influence others for personal reasons or benefits.

I have read and agree to the NYSOHC Conflict of Interest and Legal Liability Policy.

Printed Name

Signature

Date

Please complete and either mail or fax form to:

NYS Oral Health Coalition c/o NYS Oral Health Technical
Assistance Center (TAC) within Rochester Primary Care Network
259 Monroe Avenue, Level B
Rochester, New York 14607
FAX: (585) 325-2293

If you have any questions, please either email: nysohc@oralhealthtac.org, call: (585) 325-2280, x 304 or fax: (585) 325-2293 for assistance.

Thank you.

Statement of Commitment

The New York State Oral Health Coalition (NYSOHC) is a statewide collaboration to bring together efforts and resources of individuals and organizations who share a common interest in oral health and access to care in New York. The NYSOHC is comprised of individuals representing themselves and individuals representing institutions, agencies, or organizations. Membership is diverse, and includes stakeholders from government, community, education, providers, public, third-party payers, policy and higher education.

Vision

Achieving optimal oral health for all New Yorkers, thus improving overall general health.

Mission

To vigorously implement the New York State Oral Health Plan in order to maximize oral health for all New Yorkers.

Statement of Purpose

This agreement commits the NYSOHC members to collaborate on a partnership to promote and implement the New York State Oral Health Plan.

Goals/Principles

We recognize that all New Yorkers have the right to optimal oral health. In order to achieve this goal, NYSOHC members commit to the following principles to improve oral health status:

1. Develop statewide communication efforts to share best/promising practices among Coalition members and serve as a forum for a variety of timely oral health issues; act as a resource for the media and the public regarding oral health issues in New York State;
2. Advocate for evidence-based policy options, which include preventive practices, integration of oral health policy into general health policy and encouragement of providers to serve vulnerable populations;
3. Promote public education about the significance of oral health, including signs and symptoms of oral disease, reducing risk factors and practicing preventive care;
4. Support efforts to reduce disparities, such as: workforce education and training programs that are culturally competent;
5. Urge improved access to care—support measures and practices which provide services to under-privileged populations and rural locations;

6. Support development of a research agenda and surveillance system to assess oral health progress among New Yorkers;

7. Identify and recommend funding opportunities to sustain the longevity of the Coalition's activities;

8. Facilitate continued partnerships among community organizations, higher education, government agencies, health and philanthropic organizations.

NYSOHC members agree to:

- Shared responsibility and accountability of outcomes;
- Set realistic and measurable outcomes supported by the NYS Oral Health Plan;
- Monitor the NYSOHC's progress and establish evaluation tools;
- Affirm the Statement of Commitment.

Pledge

Members affirm the above-mentioned principles to fulfill the New York State Oral Health Coalition goals and to systematically and actively monitor the progress we make in doing so. We further pledge to report regularly on this progress.

Signature _____ Date _____

On behalf of: _____

(Organization name if applicable)