



# Membership Application

**Yes!** I would like to join the efforts of the Obesity Action Coalition by becoming a member.

I would like to join as a/an:

- Individual Member: \$20
- Professional Member: \$50
- Physician Member: \$150
- Institutional Member: \$500 (Doctors' offices, weight-loss centers, bariatric surgery centers, etc.)
- Chairman's Council: \$1,000 and up

*Various levels of giving are available within the Council. If you are interested in joining the Chairman's Council, you are welcome to complete this form, or you may request the official Chairman's Council application by contacting the OAC.*

## Member Information

Name/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Payment Information

Enclosed is my check made payable to the Obesity Action Coalition for \$ \_\_\_\_\_.

Please charge my credit card for my membership fee of \$ \_\_\_\_\_.

- Discover®     MasterCard®     Visa®     American Express®

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*Online Application*

*Please return completed application to:*  
Obesity Action Coalition  
4511 North Himes Avenue, Suite 250  
Tampa, FL 33614

[www.obesityaction.org](http://www.obesityaction.org)

Or Fax to: (813) 873-7838