



Please download and complete this application to join the TCLN. You can mail to: Elizabeth White, Oregon Health & Science University, Smoking Cessation Center, 3181 SW Sam Jackson Park Rd, CR115, Portland, OR 97239. OR fax to: **503-494-5407**.

Application information

First Name	Middle Initial	Last Name	Degree(s)
Organizational Affiliation		Position/Title	
Address		Delivery Address (if different)	
City	State	Zip	
Office Phone	Office Fax	Email	
(_____) _____ X _____	(_____) _____	_____	

- Interest Areas** *(check more than one if applicable)*
- Developing and Implementing Comprehensive Approaches
 - Reaching Employers and Purchasers
 - Health Care System Initiatives
 - Tools and Resources for Health Professionals
 - How to Quit Resources for Tobacco Users
 - Medicare and Medicaid Initiatives
 - Policy Development
 - Quitline Operations, Research and Development
 - Reaching Special/Priority Populations
 - Training of Health Professionals

- Expertise** *(check more than one if applicable)*
- Developing and Implementing Comprehensive Approaches
 - Reaching Employers and Purchasers
 - Health Care System Initiatives
 - Tools and Resources for Health Professionals
 - How to Quit Resources for Tobacco Users
 - Medicare and Medicaid Initiatives
 - Policy Development
 - Quitline Operations, Research and Development
 - Reaching Special/Priority Populations
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Please read this participation statement and check (✓) if you agree.

I agree to collaborate in the sharing of information and resources, especially regarding implementation of cessation programs and initiatives, whenever possible.

I agree to have my contact information posted on the TCLN membership directory.