



LIFELONG SMILES

Oral Health Access for Aging Iowans

Proposed Coalition Membership Application Process At a Glance

Membership Category	Items to Submit
Individual Membership	<ul style="list-style-type: none">• Individual Membership Application• Individual Coalition Commitment Letter
Agency/Organization Non-Voting	<ul style="list-style-type: none">• Agency/Organization Membership Application• Agency/Organization Coalition Commitment Letter
Agency/Organization Voting	<ul style="list-style-type: none">• Agency/Organization Membership Application• Agency/Organization Coalition Commitment Letter• Letter of Intent



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MEMBERSHIP INFORMATION & APPLICATION

The Lifelong Smiles Coalition is a group of partners dedicated to working together to assure optimal oral health for aging Iowans. There is no membership fee to join.

There are two types of coalition membership.

1. **Individual** – An individual member who does not represent an agency/organization may participate in coalition activities. Individual coalition members are not allowed to vote on coalition matters.
2. **Agency/Organization** – An agency or organization may participate in coalition activities through one or more representatives of the agency/organization. Agency/organization membership can be voting or non-voting. If the agency/organization membership is voting, one individual must be named as the voting member designee.

Member rights include:

- Attending general Coalition meetings
- Being identified as a member of the Lifelong Smiles coalition
- Receiving communication related to oral health, the aging population, and Coalition events
- Serving on committees and/or workgroups on a voluntary basis
- Leadership opportunities
- Sharing ideas and networking

Individual Membership:

Individuals are not involved in the voting process but otherwise have the same member rights. To become an individual member, complete the following information. Individual members must also complete an Individual Coalition Commitment Letter annually.

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Select the coalition committee(s) you would like to serve on: Education and Training Committee
(check all that apply) Coordination and Outreach Committee
 Program Policy and Reimbursement Committee

Agency/Organization Membership:

To become an agency/organization member, the following information must be completed in addition to submitting an annual Agency/Organization Coalition Commitment Letter.

Agency/Organizations wishing to have **voting member status** must also submit a Letter of Intent to the Steering Committee for review and approval. The letter must include:

- Contact information
- Agency/Organization website
- Organization mission/goal
- Alignment with the Coalition mission
- Reasons for wanting to join the Coalition
- Potential contributions to coalition

Agency/Organization Name: _____

Address: _____

Voting Member Status? Yes No

If Yes, Name of Designated Voting Member: _____

Name(s) of Agency/Organization Representative(s)	Phone	Email	Committee(s)* the representative will serve on

*Coalition committees: Education & Training; Coordination & Outreach; Program Policy & Reimbursement

Return Completed Application to:
Elizabeth Faber, Lifelong Smiles Coalition Consultant
1420 West 6th Ave N, Clear Lake, IA 50428
elizabethfaber@gmail.com



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Individual Coalition Commitment Letter

I am committed to being an active member of the Lifelong Smiles Coalition. I am committed to the vision, goals, objectives and strategies that have been and/or will be decided by the Coalition. I am committed to the planning and collaboration that such coalitions undertake and understand that it will take time. I acknowledge the contributions and expectations of the other members of the Coalition.

As general evidence of my commitment, I agree to do the following:

- Attend coalition meetings and activities.
- Read minutes, reports and other documents to keep abreast of coalition decisions/activities.
- Disseminate relevant information to colleagues through list serves, websites and newsletters.
- Keep coalition informed of my related activities.

Specifically, I will commit the following resources to the coalition: (check any that apply)

- Provide contributions of staff time, material resources, meeting space, refreshments, and incentive items as appropriate or available
- Connections to other key organizations/individuals
- Other: _____

I may opt out of supporting a specific Coalition activity, however, I agree to not publicly discredit any Coalition activity. I understand that membership in the Coalition does not entitle me to claim endorsement of the Coalition. There is to be no use of the logo without express permission from the coalition steering committee.

Name _____

Signature _____

Effective date (one year): _____ to _____



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Agency/Organization Coalition Commitment Letter

Our organization/agency is committed to being an active member of the Lifelong Smiles Coalition. We are committed to the vision, goals, objectives and strategies that have been and/or will be decided by the Coalition. We are committed to the planning and collaboration that such coalitions undertake and understand that it will take time. We acknowledge the contributions and expectations of the other members of the Coalition.

As general evidence of our commitment, we agree to do the following:

- Appoint a representative(s) to attend coalition meetings and activities.
- Appoint a representative to serve as our voting member designee (if applicable)
- Read minutes, reports and other documents to keep abreast of coalition decisions/activities.
- Disseminate relevant information to organizational members or employees through list serves, websites and newsletters.
- Keep coalition informed of our organization's related activities.

Specifically, our organization/agency will commit the following resources to the coalition: (check any that apply)

- Provide contributions of staff time, material resources, meeting space, refreshments, and incentive items as appropriate or available
- Connections to other key organizations/individuals
- Other: _____

Our organization/agency may opt out of supporting a specific Coalition activity, however, we agree to not publicly discredit any Coalition activity. We understand that membership in the Coalition does not entitle us to claim endorsement of the Coalition. There is to be no use of the logo without express permission from the coalition steering committee.

Name of Agency/Organization _____

Signature of Agency/Organization Leader _____

Designated Voting Member _____

Effective date (one year): _____ to _____

Please list out all agency/organization representatives: _____
