

Virginia Heart Disease and Stroke Alliance

Improving Health across the Commonwealth

Membership Profile Form

If you or your organization would like to become a member of the Virginia Heart Disease and Stroke Alliance or would like to renew your membership, please complete this Member Profile Form. Refer to the Committee Roles and Responsibilities document (provided to new members in the Member Packet) for membership expectations. Thank you!

Member Information

Name			
Job Title			
Organization Represented			
Street Address/P.O. Box			
City, State, Zip Code			
E-mail (required)			
Work Phone		Fax	

Please tell us about your organization and what it does:

What geographic area(s) of Virginia does your organization serve?

What population(s) does your organization serve?

Committee Preference

Please select the committee you would like to join:

- Policy and Systems Change Education
 Partnerships and Collaboration Surveillance and Evaluation

Contribution of Support and Resources

(I) (My organization) can provide the following support and/or resources:

(Please list the support and/or resources you or your organization can contribute to the work of the Virginia Heart Disease and Stroke Alliance, such as personal/staff time; cost of travel to meetings for self/staff; financial support; or in-kind services. Please be as specific as possible).

Please e-mail, fax, or mail completed form to:

Kathleen Fogerty
Bon Secours Richmond Health System
413 Stuart Circle Suite 210
Richmond VA 23230

kathleen_fogerty@bshsi.org
(804) 213-0919