

The National Health Nail Salon Alliance

Membership and Participation Guidelines Agreement:

Participation as an Allied Organization, Agency or other Institution

On behalf of _____ (Organization/Agency), I/We _____ (Name & Title) agree with and support the National Healthy Nail Salon Alliance Membership and Participation Guidelines as outlined in this document. My organization commits to participating as an ally in good faith through _____ (Month & Year/indefinitely) and to advancing the mission of the Alliance.

Our organization would like to partner with or contribute to the Alliance in the following specific ways (please describe):

Our organization has the following position about including our name in Alliance press releases, policy letters or other public documents:

- Does Not Ever Want Our Organization's Name Included
- Is Fine With Including Our Organization's Name
- Would Prefer the Collaborative Check with us on a Case By Case Basis

Signature

Date

CONTACT INFORMATION:

Name(s):

Organization:

Address:

Phone(s):

Fax:

Email(s):

Website:

Please send completed forms to Chris Harley at charley@napawf.org.