



**Healthy Start Coalition
of
Seminole County**

COALITION MEMBER _____

Title and Occupation: _____

Name of Organization: _____

Home/Work address: _____

Email address _____

Phone Number _____

(The following statement must be notarized)

_____ I attest that I will represent myself as a community member on the Healthy Start Coalition of Seminole County, Inc. General Membership.

OR

_____ I attest that _____ has been authorized to represent _____ as its representative on the Healthy Start Coalition of Seminole County, Inc. General Membership.

Signature: _____

Title: _____

State of _____

County of _____

On this _____ day of _____, 20 _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person whose name is subscribed within the written instrument and acknowledged that they executed the same for the purposes therein contained.

_____ Personally Known **OR**

_____ Produced ID – Type of ID _____