**IMMUNIZATION TASK FORCE**

**METRO OMAHA**



**A Coalition of health professionals and members of the community dedicated to improving public health across the life span through immunizations.**

**Name:** Click here to enter text.

**Organization:** Click here to enter text.

**Address:** Click here to enter text.

**Daytime Phone:** Click here to enter text.

**Evening Phone:** Click here to enter text.

**Cell Phone:** Click here to enter text.

**E-mail address:** Click here to enter text.

**Fax #:** Click here to enter text.

**I am requesting (please check):** [ ] **Full membership** [ ] **Associate membership**

**I would like to join the following committee (please check):**

\*If you are unsure, leave this blank.

This can be decided or changed at any quarterly meeting or by email request.

[ ] **Community Liaison** [ ] **Professional Liaison** [ ] **Legislative/Advocacy**

[ ] **Public Relations** [ ] **Website**

[ ] **Please contact me to discuss my membership/volunteer options**

Submit application to immunizenebraska@gmail.com.

Please expect to receive a welcome email within 1 week of submission. If you do not receive a response, please email the address above to follow-up and ensure your application was received.