

Membership Application

	Title:
Employer Address:	
City:	State: Zip:
Work Phone: ()	Ext Fax: ()
Work E-mail Address:	
Who is the CEO/Executive Director of	f your organization?
Name:	Title:
Website:	
	State: Zip:
Home Phone: ()	Cell Phone: ()
Home E-mail Address:	
Which mailing address do you prefer f Which email address do you prefer for	for communications? $\Box$ Home $\Box$ Workr communications? $\Box$ Home $\Box$ Work
Please describe your interest in Mater	nal Infant and Child Health and any area(s) of

# The Healthy Start Coalition of Miami-Dade (HSCMD) has several membership opportunities. Please select the membership category or categories that interest you.

## □ HSCMD General Membership

General Members are included in mail and email updates related to Maternal, Infant and Child Health resources, information, trainings, and community events.

## **Data Committee**

The Data Committee is responsible for: developing processes to collect and analyze statistical data including performance and outcome objectives for Healthy Start core services; addressing data quality issues; identifying community and state-wide data sources; and evaluating HSCMD activities.

## □ Breastfeeding Task Force of Miami-Dade (BTMD)

The Breastfeeding Task Force of Miami-Dade (BTMD) is convened by HSCMD with the purpose of joining community stakeholders to discuss ways to promote and protect breastfeeding in our community.

## □ Fetal & Infant Mortality Review (FIMR) Project of Miami-Dade County

The FIMR Project of Miami-Dade is a countywide effort to better understand the issues associated with fetal and infant mortality and to develop strategies that improve perinatal systems of care, locally and statewide. FIMR has two membership categories:

#### □ FIMR Case Review Team (CRT)

The CRT meets monthly in the evenings to review 3-5 de-identified cases. Members are required to attend a minimum of 25% of all CRT meetings.

## □ FIMR Community Action Group (CAG)

The CAG meets bi-annually to review summaries of FIMR CRT findings and discuss creative solutions to improve services and resources for families in our community.

Your Signature: Date:	
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#### Please submit completed application to:

Healthy Start Coalition of Miami-Dade Attention: Training Department 7205 NW 19<sup>th</sup> Street, Suite 500 Miami, Florida 33126

Fax: 305-541-0213, Attention: Training Department Email: Training@hscmd.org

If you have any questions about this application, do not hesitate to contact HSCMD at 305-541-0210 or Training@hscmd.org.

To learn more about the Healthy Start Coalition of Miami-Dade or any of HSCMD's programs, projects or initiatives, please visit our website at <u>www.hscmd.org</u>.