



Virginia Falls Prevention Coalition

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Membership Application

Welcome to the Virginia Falls Prevention Coalition (VFPC)! All VFPC members are encouraged to attend VFPC quarterly meetings, provide expertise and knowledge to other coalition members, and participate on a VFPC committee: Education/Program Committee and Membership Committee.

Name: _____

Title and Agency (if applicable): _____

Address: _____

Phone Number: (work, home, cell): _____

Email address: _____

Organization Website: _____

Please list any Falls Prevention activities you/organization are involved in or provide: _____

As a VFPC member, I am committed to:

- Sharing my expertise and knowledge with other coalition members, including pertinent falls prevention activities.
- Attending VFPC meetings on a regular basis.
- Promoting VFPC memberships to others.
- Participating on VFPC committees.

Signature: _____ Date: _____

A copy of the Virginia Falls Prevention Coalition Official By-Laws is available upon request. Please mail, fax, or email form to: Andi Platea, Department for Aging and Rehabilitative Services, 1610 Forest Avenue, Suite 100, Henrico, VA 23229; Phone: (804) 662-9340; Fax: (804) 662-9354; andi.platea@dars.virginia.gov