

## I support Smoke Free Indy! Individual Support Form

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Registered to vote at current address? Yes:  No:

Do you work in a smoke free environment? Yes:  No:  N/A:

Do you live in a smoke free environment? Yes:  No:

Do you live in a Marion County excluded city, i.e. Beech Grove, Lawrence, Speedway, Southport?

Yes: \_\_\_ No: \_\_\_ Which? \_\_\_\_\_

### **Do you have a personal experience with tobacco?**

Lost a loved one to a tobacco-caused disease: \_\_\_\_\_ Smoker: \_\_\_\_\_ Former Smoker: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Educator: \_\_\_\_\_ Advocate for Smoke Free Air: \_\_\_\_\_

Survivor of tobacco-caused disease: \_\_\_ Other: \_\_\_\_\_

Personal relationships are the key to success for any grassroots movement. Please let us know if you have any relationships with the following types of community leaders.

Elected officials (local, state, federal) - If so, please specify:

\_\_\_\_\_

Media (reporters, editors, etc.) - If so, please specify:

\_\_\_\_\_

Community leaders - If so, please specify:

\_\_\_\_\_

### **Please check all that apply:**

Keep me informed

I'll attend an event

I'll volunteer at an event

I'll write a letter

I'll make a call

I want to be actively involved

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for completing and signing the form to show your support for Smoke Free Indy!

As a supporter of Smoke Free Indy, you'll be among the first to know about important developments concerning changes in the smoke free workplace ordinance, coalition events, activities and trainings.

**Please return this form to: Smoke Free Indy Coalition**

**P.O. Box 441537, Indianapolis, IN 46244 FAX: 317-221-3114**

**E-Mail: [Info@smokefreeindy.com](mailto:Info@smokefreeindy.com) Website: [www.smokefreeindy.com](http://www.smokefreeindy.com)**