

Healthy Families Network

Of Greater San Antonio and Bexar County

Member Information Sheet

Today's Date	
Name	
Address	
Phone Number	
Cell Number	
Email Address (PLEASE PRINT CLEARLY)	
Healthy Start Participant?	Yes No
Agency/Organization Representatives Only:	
Organization	
Position/Title	
Office Number	
Secondary Contact Name	
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EXPERTISE/SKILLS:	Work Group Interest
Please tell us what skills you want to contribute to the Network:	Data/PPOR
	Reproductive Life Planning
	Texas Healthy Babies Initiative
	Undecided
	Committee Interest (optional)
	Cultural Competency
	Evaluation
	Planning
Demographic Data	(Optional-for grant reporting purposes)
Gender	Male Female
Age Range	18 and under 19-24
	25-30 31-45
	46 and older
Race	White Black/African American Asian American Indian/Alaskan Native Hawaiian/Pacific Islander Other: _____ If more than one race please circle all that apply
Ethnicity	Hispanic/Latino Non-Hispanic

~ Thank You ~