



OSCEOLA COUNTY SWAT TEAM
STUDENTS WORKING AGAINST TOBACCO MEMBERSHIP FORM

Name _____

Address _____

City _____ Zip Code _____

Phone Number _____

Email Address _____

Birthdate _____ Grade _____

School _____

Parent/Guardian's Name(s) _____

Male _____ Female _____ Race _____

I am interested in helping SWAT and the tobacco free partnership with the following:

- | | |
|--|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Promo/Marketing/Media |
| <input type="checkbox"/> Enforcement | <input type="checkbox"/> Fun Events |
| <input type="checkbox"/> Minority Activities | <input type="checkbox"/> Clean Air Advocacy |
| <input type="checkbox"/> Website/Technology | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Graphic Design |

As a member of the Osceola County SWAT team, I pledge to support the "truth" message and encourage other youth to live tobacco free and learn the "truth"

Signature _____