



**BLACK INFANT HEALTH PRACTICE INITIATIVE (BIHPI)**  
**COMMUNITY ACTION TEAM (CAT)**

I will join the Community Action Team.       I will NOT join the Community Action Team.

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

Title: \_\_\_\_\_

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

Organization Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Pager/Beeper: \_\_\_\_\_

Are there other organizations or leaders that you recommend for the BIHPI Community Action Team? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Title: \_\_\_\_\_

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

Organization Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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