

Men's Health Network

P. O. Box 75972 : Washington, D.C. 20013
202-543-MHN-1 (6461) : info@menshealthnetwork.org
www.menshealthnetwork.org

Board of Advisors, Acknowledgment

YES: I believe that an education campaign to significantly improve male health, longevity, and quality of life is needed. Please list me as an advisor to the Men's Health Network.

I agree that society needs to address the health care problems of men and the unfortunate effects those problems have on their loved ones, their employers, and our health care infrastructure. The media should be encouraged to focus attention on problems which plague men and which, by extension, affect the women in their lives.

I understand that I am not obligated to participate in the day-to-day activities of the Men's Health Network and that I am simply endorsing the need for men to reach out for assistance, and encouraging them to do so.

_____, 20____
(name) (signed) (date)

(company or organization) (your title)

(_____) (_____)
(phone - work) (phone - home)

(_____) _____
(fax) (E-mail address)

(address - circle one - work? or home?) (suite/apt.)

(city) (state) (zip code)

How would you like to be listed? (professional credentials, including clinic/hospital affiliation, university affiliation, law firm, etc.)

(Professional credentials) (Type of practice) (Your affiliation: clinic/ hospital/ university/ law firm/ etc.)

Opportunities for Involvement (Please check all that apply to you)

- ____ Public Policy development in your state ____ To be a spokesperson on men's health in your area
____ Serve as a media representative for MHN ____ Advocate for Men's Health Week in your state
____ Be a MHN volunteer at a health fair or screening ____ Advocate for the creation of an Office of Men's Health
____ To submit written works for publishing in the web-based Men's Health Library
____ Other, please include any ideas that you may have

Please return this form to: Fax: 202-543-2727 Men's Health Network
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(0608)