

**Application and Agreement form for Affiliation with
Immunization Collaboration of Tarrant County**

**Immunization
Collaboration
of Tarrant County**

Be Wise — Immunize™
It's an Act of Love



The **Immunization Collaboration of Tarrant County** is organized and operated to provide a collaboration of agencies and organizations, public and private, committed to providing and coordinating the systematic eradication of childhood, adolescent and adult vaccine preventable diseases in Tarrant County, Texas. ICTC is organized and shall be operated exclusively for charitable and educational purposes within the meaning of Section 501 (c) 3 of the Internal Revenue Code. **In accordance with ICTC bylaws section 4.03 Voting Trustees are defined as:** 1. A Maximum of two representatives from each agency or organization affiliated with ICTC will have voting privileges. 2. Individuals who have made contributions of time and skill in achieving the goals of ICTC.

Name _____

Type of Affiliation - Please write in ONE TYPE of Trustee: _____

Voting Organization Trustee Voting Individual Trustee Non-Voting Trustee Information only listing

Agency, Organization or Community representing _____

Title: _____

Contact Information: Email: _____

Telephone: _____ Cell: _____ Fax: _____

Mailing Address _____

How will you or your agency benefit ICTC? _____
You will receive information about various work groups.

Trustee Agreement statement:

- Attend at least 50% of quarterly meetings (not applicable to Non-Voting Associate Trustee) as scheduled in January, April, June and October. Also, attend 50% of assigned committee meetings. Notice of meetings will be sent by email, and meeting times average 1.5 to 2 hours.
- Act in a collaborative manner and allow ICTC to act collectively moving toward the goals stated in the current ICTC Strategic Plan**
- Information only listing will not receive emails related to the ICTC board or committees.**
- All solicitations and offers of support for ICTC must be reviewed and approved by the Executive Committee of ICTC.

Signature _____ Date _____

Email or fax this form to **Linda Fulmer, ICTC Business Manager/Grant Writer**
lindafulmer@sbcglobal.net or FAX to 817-451-2014

