

Louisiana Oral Health Coalition Member Registration

The Oral Health Coalition values your membership! To receive the Coalition's updates and messages please complete the following membership information form with your most up to date information.

Thank you!

1. Name:

2. Credentials:

3. Organization you represent:

4. Email address:

5. Mailing address:

6. Phone number:

7. Would you be interested in joining any of the following LOHC Workgroups?

- No thank you.
- Policy Workgroup
- Fluoride/Fluoridation Workgroup
- Workforce Workgroup