



Membership Agreement for the Wisconsin Asthma Coalition

Membership in the Wisconsin Asthma Coalition (WAC) is open to any individual or organization that endorses the coalition's vision and mission.

Vision:

Individuals with asthma in Wisconsin will attain optimal health and quality of life and asthma will be prevented to the extent possible.

Mission:

To develop and implement a sustainable statewide action plan that expands and improves the quality of asthma education, prevention, management, and services, and eliminates the disproportionate burden of asthma in racial/ethnic minority and low income populations.

WAC Members Will Receive:

- A choice on the level of participation
- Access to current asthma information
- The opportunity to participate in the creation and/or implementation of the Wisconsin Asthma Plan
- The expertise of numerous organizations from various locations in Wisconsin working together on asthma issues
- Networking opportunities
- Invitations to attend coalition meetings and other WAC events
- An engaged Executive Committee, accessible to all members, committed to creating and carrying out the coalition's agenda in a democratic manner

Membership Levels:

Active Membership

An Active Member is one who participates in WAC coalition meetings and activities, including, but not limited to, receiving mailings and notices, voting, and holding elected office within the WAC. To be eligible to vote, and to remain an Active Member, the member must participate in at least one Workgroup or attend at least one full WAC Meeting per year.

Associate Membership

An Associate Member is one who receives mailings and notices and may attend events or activities, but is not eligible to vote or to hold an elected position.

Sponsors

Any interested individual, organization, foundation, or business whose involvement with the WAC solely entails direct financial support or in-kind support of the WAC is eligible to be a Sponsor. Individuals and organizations in this status receive mailings, notices, and special recognition, but are not eligible to vote, and are not eligible to hold an elected position. (Note: Funders may elect to be an Active Member pending the qualifications are met.)



Membership Agreement Form
Please print clearly.

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Do we have permission to list your organization as a member? Yes No

Membership Level (please check one of the following):

- Active Membership Associate Membership Sponsor

Active Members Only! Please circle the workgroup(s) you are interested in serving on to assist in creating and/or implementing the Wisconsin Asthma Plan.

- | | |
|----------------------------------|-------------------------------------|
| Clinical Care | Local Communication and Development |
| Disparities | Public Policy and Advocacy |
| Education | Schools |
| Enhanced Covered Services | Surveillance |
| Environment/ Work-Related Asthma | |

I have read and understand the terms of membership. As a member of the Wisconsin Asthma Coalition I endorse the vision and mission of the coalition. I also understand that if at any time I would like to change the status of my membership I need to complete another membership form indicating this change.

Signature: _____ **Date:** _____