



## **Local Coalition Membership Agreement for the Wisconsin Asthma Coalition**

**Local coalition membership in the Wisconsin Asthma Coalition (WAC) is open to any local coalition in Wisconsin that:**

- 1. Endorses the Wisconsin Asthma Coalition's vision and mission and;**
- 2. Adopts the Wisconsin Asthma Plan**

### **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 Local Coalition Members Will Receive:**

- A WAC local asthma coalition toolkit
- Coalition building technical assistance
- Use of the WAC logo (*see graphic standards and Local Coalition Use of WAC Logo policy*)
- Access to current asthma information
- The opportunity to participate in the implementation of the Wisconsin Asthma Plan
- The expertise of numerous organizations from various locations in Wisconsin working together on asthma issues
- Networking opportunities with other local coalitions focusing on asthma
- Invitations to attend and/or present at 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

### **Local Coalition Responsibilities**

- Identify activities from the Wisconsin Asthma Plan to incorporate into the local coalition workplan
- Identify and secure funding for local workplan activities
- Implement local workplan activities
- Attend semi-annual statewide WAC meetings
- Discuss local activities, share resources, and identify collaboration opportunities between/among local asthma coalitions in Wisconsin



**Local Coalition Membership Agreement Form**

*Please type or print clearly.*

**Name of Local Coalition:** \_\_\_\_\_

**Number of Members:** \_\_\_\_\_ **How long has the local coalition been in existence?** \_\_\_\_\_

**Local Coalition Chair:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Lead Organization** (if applicable): \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Does the WAC have permission to list your local coalition as a member?** Yes No

We have read and understand the terms of local coalition membership. As a member of the Wisconsin Asthma Coalition we endorse the Wisconsin Asthma Plan and the vision and mission of the coalition.

**Local Coalition Chair's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_