

WFPRHA MEMBERSHIP APPLICATION

This WFPRHA membership application is for October 1, 2016 to September 30, 2017.

Membership entitles you to receive: Meeting notices; Legislative updates; Networking with members; Help through various committees (including billing and enrollment issues); Audit assistance/support, and Attorney thoughts/ advice/recommendations regarding Family Planning issues as it relates to the organizations as a whole; and Reduced-rate conference fees. Please select your membership level below.

Agency Member:

- Tier 1—Supporting Organizations with FTE's of up to 1.0 _____ \$250.00
This includes 1 reduced member at the annual Conference
- Tier 2—Supporting Organizations with FTE's of 1.01 to 2.0 _____ \$350.00
This includes 2 reduced members at the annual Conference
- Tier 3—Supporting Organizations with FTE's of 2.01 to 5.0 _____ \$450.00
This includes 3 reduced members at the annual Conference
- Tier 4—Supporting Organizations with FTE's over 5.0 _____ \$600.00
This includes 4 reduced members at the annual Conference

Individual Member _____ \$100.00

Clinicians, administrators and other public health professionals working in the family planning field.

Honorary Member _____ \$100.00

Includes State of Wisconsin employees.

Honorary members may participate in membership meetings and be appointed to special committees or projects.

Honorary members may NOT hold positions that require voting privileges (i.e. may not be a director of the WFPRHA board).

Supporting Community Member _____ \$350.00

Example: HCET, WSLH

Supporting Industry Member _____ \$750.00

This includes a reduced table rate at the annual conference.

Student Member _____ \$ 25.00

Total Amount Enclosed _____

NAME: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

I support the purpose of the association (which includes access to a full range of contraceptive methods including E.C.), and wish to be a member of WFPRHA.

Signed: _____ **Date:** _____