



Chippewa Valley Caregiving  
Caregiving Alliance

## 2008 Membership Form

**New Member**  
 **Renewal Member**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization (if any):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**My interests are:** \_\_\_\_\_

\_\_\_\_\_

<b><u>Membership Status (per calendar year)</u></b>	
<input type="checkbox"/> <b>\$20/Year</b>	<b>Individual Professional Representing an Agency/Organization</b>
<input type="checkbox"/> <b>\$10/Year</b>	<b>Family Caregiver or Community Member</b>

**Yes I'm interested! Sign me up today!**

Please make checks payable to:

CVFCA  
c/o Department on Aging  
721 Oxford Avenue, Room 1550  
Eau Claire, WI 54703

Office Use Only
Date Paid: _____
Check #: _____

**No I'm not interested, but keep me posted on future events.**

*The mission of the CVFCA is to support and strengthen family caregivers of older adults through advocacy, education and community resources.*

***Thank you for joining our efforts!***